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ABSTRACT

Introduced by discussions of the coordination of mental retardation programs, a summary of activities, and a list of the Secretary's Committee on Mental Retardation for 1969, the pamphlet reports the activities of the U.S. Department of Health, Education, and Welfare in mental retardation. Activities described include those of the Health Services and Mental Health Administration, the National Institutes of Health, the Office of Education, the Social and Rehabilitation Service, the Social Security Administration, the Consumer Protection and Environmental Health Service, and the Surplus Property Program. An appendix outlines the fiscal obligations for 1969 through 1971. (JM)

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Mental Retardation Activities

OF THE DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

JANUARY 1970

MR

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Office of the Secretary
Secretary's Committee on Mental Retardation
Washington, D.C. 20201

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ED038796

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HEALTH, EDUCATION, AND WELFARE

JANUARY 1970

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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Office of the Secretary
Secretary's Committee on Mental Retardation
Washington, D.C. 20201

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PREFACE

This report describes the mental retardation program activities of the Department of Health, Education, and Welfare.

Significant progress has been made during the past year in extending and expanding services to the mentally retarded. The following highlights illustrate the progress made in 1969:

> More than 30,000 mentally retarded persons were rehabilitated in 1969 through the Federally-administered Vocational Rehabilitation Program. This represents an increase of 6,000 over the previous year.
>
> Approximately 40,000 mentally retarded children received services provided by clinics supported by the Maternal and Child Health Service.
>
> More than 48,000 mentally retarded children were enrolled in special education programs supported in part by Federal funds.
>
> To date 301 mental retardation community facilities construction projects have been approved. These projects upon completion will serve an estimated 75,000 retarded persons.

Even so much still needs to be done. The U. S. Department of Health, Education, and Welfare stands ready to assist in this endeavor.

William F. Baxter Jr.

William F. Baxter, Jr.
Assistant to the Assistant
Secretary for Community and
Field Services

January 27, 1970

MENTAL RETARDATION ACTIVITIES OF THE
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, 1969

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COORDINATION OF MENTAL RETARDATION PROGRAMS

Coordination is probably the most crucial factor in successful administration of mental retardation programs. This is so because mental retardation cannot be confined to any one health, education, rehabilitation or welfare program or any single disciplinary group. A total program must include a wide range of activities designed to confront the problems of mental retardation simultaneously from many vantage points.

During the 1969 fiscal year $500 million was obligated by the Department of Health, Education, and Welfare for mental retardation programs. These programs cover most aspects of the retarded person's life. They range in diversity from maternal and infant care to income maintenance for the aged retarded. Many agencies of the Department administer programs which affect the mentally retarded; it is extremely important that these efforts be focused and targeted so as to prevent duplication and gaps in program services.

The 1962 Report of the President's Panel on Mental Retardation recognized the importance of coordination both at the national and local levels. The Report further endorsed the concept of a Departmental committee composed of agency representatives advising the Secretary on activities related to mental retardation. The concern of the Panel resulted in the strengthening of the Secretary's Committee on Mental Retardation in 1963. The Committee had previously been known as the Departmental Committee on Mental Retardation, since its establishment in March of 1955.

Over the next several years the mental retardation program of the Department was expanded and extended. In 1968, in a move designed to make the Secretary's Committee more responsive to prevailing needs the Secretary reconstituted the membership of the Committee. The membership of the Committee had previously been composed of middle level agency personnel. Through the new action the membership was altered and now included the top level executives of the Department with the Under Secretary serving as Chairman. In addition, mental retardation Regional Office Staff were also assigned to coordinate mental retardation Regional activities.

The mission of the reconstituted Secretary's Committee on Mental Retardation remains the same; i.e., the responsibility for coordination of the Department's program and activities affecting the mentally retarded.

In October 1969 the Under Secretary established a Program Advisory Committee to serve as a resource tool to the Secretary's Committee on Mental Retardation. The Program Advisory Committee has been assigned specific tasks which are designed to improve the coordination of mental retardation programs in the Department.

Specifically, the Secretary's Committee is responsible for the following activities:

a. Serving the Secretary in an advisory capacity in the consideration of Department-wide policies, programs, procedures, activities, and related matters.

b. Serving in an advisory capacity for the Department as a whole with respect to inter-Departmental programs and activities, and related matters.

c. Functions as a means for coordination and evaluation of the implementation of the recommendations made by the President's Panel on Mental Retardation and the President's Committee on Mental Retardation in the final reports to the President.

The Regional Office Mental Retardation Coordinators have the responsibility to: assure that interagency review and consultation takes place on proposals and applications relevant to more than one agency; serve as a focal point for interested persons or organizations seeking information or consultation on Department mental retardation programs; and provide the Secretary's Committee on Mental Retardation with information on implementation of mental retardation programs in the States.

There are four subcommittees of the Secretary's Committee on Mental Retardation. They are charged with investigating and reporting periodically on activities related to their area of concern. The subcommittees are as follows: Training, International Activities, Mental Retardation Abstracts, and Research. A list of subcommittee members are shown in Appendix E.

The staff of the Secretary's Committee on Mental Retardation serves as a focal point for information on all aspects of the Department's mental Retardation program. It also acts as a center for the referral of requests for professional and technical consultation to the appropriate agencies. This activity is carried on in cooperation with the Department's Regional Offices and agency representatives in Washington.

The staff of the Secretary's Committee on Mental Retardation during the year has participated in a student field placement program for several colleges. A student from Florida State University was assigned as part of his graduate field work experience for three months.

SUMMARY OF MENTAL RETARDATION ACTIVITIES

The 1970 Appropriations Act of the Department of Health, Education, and Welfare makes available $561,519,000 for mental retardation program activities in the current fiscal year. Of this amount $219,300,000 is to be used for income maintenance of persons who are mentally retarded.

The mental retardation activities of the Department have been arranged according to the following categories: preventive services, basic and supportive services, training of personnel, research, construction, and income maintenance.

Preventive Services

Preventive services are defined as those services rendered as a part of programs designed to reduce the incidence of mental retardation. The major programs in this area are administered by the Maternal and Child Health Service, Health Services and Mental Health Administration. Maternity and Infant Care Projects support programs which provide necessary health care to prospective mothers in high risk populations. By December 1969, fifty-three such projects were in operation. Grants which support screening programs for phenylketonuria (PKU) and other metabolic diseases also are awarded by the Maternal and Child Health Service. As of December 1968, forty-three States had enacted laws related to PKU, most of them making screening for this disorder mandatory.

Basic and Supportive Services

Basic and supportive services are defined as those services rendered to or for persons who are mentally retarded.

State health departments, crippled children's agencies and State welfare agencies use funds administered by the Maternal and Child Health Services for programs designed to: increase the health and welfare services available to the retarded, enlarge existing mental retardation clinics by adding clinic staff, increase the number of clinics, begin evaluations of children in institutions, extend screening programs, provide treatment services for physically handicapped retarded youngsters, increase inservice training opportunities, and provide homemaker and other care services for the mentally retarded.

The mentally retarded receive a variety of services through the vocational rehabilitation program supported by the Rehabilitation Services Administration: medical diagnosis, physical restoration, counseling and testing during the rehabilitation process, assistance in job placement and follow-up to insure successful rehabilitation.

The Health Services and Mental Health Administration, in conjunction with the Division of Mental Retardation, Rehabilitation Services Administration, support projects for the retarded which have service components of well integrated comprehensive health programs.

The Division of Mental Retardation through its initial staffing grant program is able to provide part of the initial cost of professional and technical personnel in the operation of new

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facilities or new services in existing facilities for the retarded. Over $10 million was appropriated in fiscal year 1970 for this program.

In addition, the Division of Mental Retardation also supports two programs directed at improving the quality of State institutional care and treatment for the mentally retarded. These programs are the Hospital Improvement and Hospital Inservice Training Programs.

With the enactment of the Elementary and Secondary Education Act of 1965 (P.L. 89-10) and its subsequent amendments, has come a number of new programs and services for the mentally retarded. The mentally retarded have especially benefitted from the provisions of Title VI of the aforementioned act, which provides opportunities for local school districts to develop new and creative programs for all handicapped children.

Training of Personnel

Training programs form an integral part of most of the mental retardation programs of the Department. These programs include support of professional preparation in the following areas: research training in the basic and clinical biological, medical and behavioral sciences; training of professional personnel for the provision of health, social and rehabilitative services for the mentally retarded; inservice training of workers in institutions for the mentally retarded; teachers and other education personnel related to the education of mentally retarded children; and training of personnel in recreation and physical education activities for the mentally retarded and other handicapped children.

Research

The National Institutes of Health estimates that more than $23.7 million will be devoted in fiscal year 1970 to the support of research related to mental retardation.

The Office of Education administers a program of grants for research and demonstration projects in the field of education of mentally retarded and other handicapped children, and projects related to the application and adaption of communications media to educational problems of the mentally retarded. Title V of Public Law 90-170 provides for grants for research or demonstration projects relating to physical education or recreation for mentally retarded and other handicapped children.

The Social and Rehabilitation Service supports selected demonstration projects that seek to coordinate community resources for the mentally retarded. Particular attention is given to coordination between special education and vocational rehabilitation agencies. Rehabilitation Research and Training Centers for the mentally retarded provide for the diagnosis, evaluation, treatment and training, vocational counseling and placement of the mentally retarded.

Research grants administered by the Maternal and Child Health Service support projects directed toward the evaluation of programs and improving the development, management and effectiveness of maternal and child health and crippled children's services.

Construction

The university-affiliated facility and the community facility construction programs are administered by the Rehabilitation Services Administration.

University-affiliated facilities for the mentally retarded provides for training of physicians and other professional personnel vitally needed to work with the mentally retarded. Seventeen applications have been approved and funded under this program.

To date, 301 projects for the construction of community facilities for the mentally retarded have been approved. The facilities constructed under this legislation will include a variety of services: diagnosis, treatment, education, training or care of the mentally retarded, including sheltered workshops.

Income Maintenance

The Social and Rehabilitation Service administers the five Federally-supported public assistance programs. These programs assist children who are deprived of parental support or care, the needy aged, the medically indigent aged, the needy blind, and the permanently and totally disabled. Mental retardation itself is an eligibility factor only in the category of aid to the permanently and totally disabled.

The Social Security Administration administers a program which contributes to the maintenance of the mentally retarded through the payment of monthly benefits to eligible individuals.

Membership of

THE SECRETARY'S COMMITTEE ON MENTAL RETARDATION

1969

Mr. John G. Veneman, Chairman
Under Secretary

Mrs. Patricia Reilly Hitt, Vice Chairman
Assistant Secretary for Community
and Field Services

Mr. Robert M. Ball
Commissioner of Social Security

Dr. James Allen
Commissioner of Education

Mr. Charles C. Johnson, Jr.
Administrator of Consumer Protection
and Environmental Health Service

Dr. Rogert O. Egeberg
Assistant Secretary for Health
and Scientific Affairs

Dr. Joseph English
Administrator of Health Services
and Mental Health Administration

Dr. Robert Q. Marston
Director of National
Institutes of Health

Miss Mary E. Switzer, Administrator of Social and
Rehabilitation Service

Mr. Jule Sugarman
Acting Director, Office of
Child Development

Mr. William F. Baxter, Jr.
Acting Executive Director
Secretary's Committee on
Mental Retardation

HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Introduction

The Health Services and Mental Health Administration provides leadership and direction to programs and activities designed to improve physical and mental health services for all the people of the United States and to achieve the development of health care and maintenance systems adequately financed, comprehensive, interrelated and responsive to the needs of individuals and families in all socio-economic and ethnic groups.

More specifically, the Health Services and Mental Health Administration collects, analyzes, and disseminates data on births, deaths, disease incidence, health resources, and the state of the Nation's health. It plans, directs and coordinates a national effort to improve the physical health of all Americans through the development of services to promote and sustain physical health, prevent physical illnesses and provide care and treatment for physically ill persons. And, similarly, it strives to improve mental health by developing knowledge, manpower and services to promote and sustain mental health, prevent mental illness and treat and rehabilitate mentally ill persons.

I. Preventive Services

A. Prevention of Organically-based mental retardation

Rubella Immunization

The 1964-1965 rubella epidemic was the most extensive in the United States since 1943. Estimates of morbidity with this usually mild exanthematous illness are striking. Of particular importance is the large number of children (20,000) estimated to have been born with congenital rubella syndrome. The total estimated direct and indirect cost of the 1964-65 epidemic is 1.5 billion dollars. The three greatest estimated costs are for special educational services, institutional care for retarded rubella babies, and direct medical care of children with congenital rubella syndrome.

The goal of rubella control programs is to prevent congenital rubella syndrome by vaccinating children, the primary reservoir of infection. The realization of this goal will provide immeasurable humanitarian benefits accrued from reduced suffering, economic savings from reduced health care costs and savings in educational time and funds lost through school absenteeism.

The Immunization Branch of the National Communicable Disease Center is providing the leadership in the national rubella control program. Working through 68 grant-assisted State and local health department projects which serve over 93 percent of the nation's population, the Immunization Branch has collaborated with health agencies in providing (1) well-trained qualified personnel who engage in (a) planning, organizing, and promoting activities in connection with rubella immunization programs, (b) intensive public informational, educational, and motivational activities, (c) maintaining intensive epidemiologic and laboratory surveillance, (d) immunization level surveillance and (e) use of jet injector and other immunizing equipment, and (2) rubella vaccine to be used in protecting susceptible children.

Measles Immunization

The National Communicable Disease Center through its measles immunization program has all but eliminated this once common childhood disease. The number of cases now being reported is the lowest since measles reporting began early in the century (1912).

From 1963, when measles virus vaccine became available, through 1968, 33.7 million doses of vaccine have been distributed in the United States. Due to the near eradication of this disease the problems of measles-associated encephalitis, mental retardation, and deaths are diminishing.

However, there are still several urban areas in the United States where high immunity levels have not been achieved. For measles to be eradicated in the United States, the total proportion of immune children will need to be increased and maintained at relatively high levels in all socioeconomic segments of our population

INDIAN HEALTH SERVICE

The prevention of mental retardation caused by organic factors is best accomplished by continuous, comprehensive, and high quality medical care of pregnant women and their offspring throughout the prenatal, perinatal, and postnatal periods. The Indian Health Service, through its efforts to provide exemplary medical care to its beneficiaries, is reducing the incidence of organically-based mental retardation as well as the wide variety of other diseases and conditions in mothers and infants which the state of the art in medicine now makes at least partially controllable.

The Indian Health Service provides comprehensive medical care during the prenatal, perinatal, and postnatal periods. This includes both out-patient and inpatient care for the mother and her newborn child.

In the 47 Indian Health Service general hospitals which operate obstetrical services, comprehensive prenatal and neonatal care is given specifically to reduce the incidence of mental retardation. Phenylketonuria (PKU) tests are performed on newborn infants, and infants with a depressed apgar score or who are born prematurely are further evaluated for PKU or other evidence of brain damage.

Where genetic counselling is indicated the Indian Health Service attempts to provide it.

The Indian Health Service has increased the number and frequency of maternal clinics for Indian mothers during the prenatal period and has also expanded its measles immunization program for Indian and Alaska Native children, to help prevent the measles encephalitis which has a high residual of brain damage of which mental retardation can be one of several adverse consequences. Otitis Media, one of the major health problems among the children in the Indian and Alaska Native population, is currently under study in an effort to identify causal factors and to program preventive and corrective measures.

The Indian Health Service continues to develop its PKU blood screening program concurrently with the development of laboratory facilities by States in which their facilities are located. Individual Indian Health Area Offices cooperate with State and local health departments and regional offices in

planning mental retardation programs made possible through Federal grants-in-aid funds. The Indian Health Service through its initiation of a nurse-midwifery program in Alaska is fully utilizing all possible health staff in the prevention of mental retardation through improved care of expectant mothers and newborn infants.

Recent studies have indicated the value of child-spacing as a measure to prevent mental retardation. An active family planning program is conducted by the Indian Health Service. Family planning assistance, as one phase of the health and welfare continuum is much broader than birth control and includes infertility services as well as the promotion of responsible parenthood. In this broad concept it is implemented in the Indian Health Service. Since the inception of the family planning program in F.Y. 1965, 28,878 female Indian beneficiaries were provided with birth control services (38% of female Indian beneficiaries 15-44 years of age). In F.Y. 1969, 13,485 women were rendered birth control services with 30,888 visits to physicians.

B. Prevention of Functionally-based mental retardation

As part of the ongoing comprehensive health program on Indian reservations, mental health projects include prevention, detection, and treatment planning for functional mental retardation. The Indian Health Service is cooperatively working with Head Start Program throughout all of its areas.

II. Basic and Supportive Services

A. Foreign Quarantine Program, National Communicable Disease Center

This program has worked closely with other Federal agencies and voluntary groups to make the best possible arrangements for the reception and treatment of the mentally retarded coming to this country as immigrants.

Mental retardation is one of the conditions specified in the Immigration and Nationality Act causing an alien to be considered ineligible to receive a visa except under waiver. The program is responsible for the review of findings in such cases and the decision on waiverability and on the suitability of proposed care.

For those mentally retarded aliens admitted to the United States, the Service reviews arrangements for treatment in this country. A record is then kept covering the first five years of the individual's treatment in this country, which must be provided in institutions or special facilities approved by the Public Health Service. Semi-annual reports showing kind of treatment and progress made are required and kept on file at the Quarantine Station in New York.

B. Medical and Social Services for American Indians

Medical services and medical social services are provided either directly, under contract, or through State Crippled Children's Services to all Indian beneficiaries discovered to be mentally retarded.

Because of cultural barriers and transportation problems, case-finding continues to be a major problem in this area.

III. Professional Preparation

A. Indian Health Training Programs

The Indian Health Service conducts physician residency training programs in pediatrics in its hospitals at Phoenix and Anchorage. This includes clinical training in the prevention, diagnosis, treatment, and rehabilitation of mental retardation.

The Indian Health Service continues to provide both in-service and out-of-service training in maternal and child health nursing to ensure continuity of service from hospital to home and community. An average of 12 nurses are trained each year. The Indian Health Service continues to develop and use coordinated teaching guides for hospital and public health nursing personnel, designed as aids in teaching and good health practices to maternity patients and their families.

B. Education and Training Efforts by the Federal Health Programs Service

Coping with mental retardation among its legal beneficiaries is only one of the many health responsibilities for which Federal Health Programs Service personnel must be prepared; nevertheless, several aspects of the Bureau's training program are clearly relevant and important to the attack on mental retardation.

Post-graduate training programs in Public Health Service Hospitals include rotating internships, and residencies in internal medicine and obstetrics which involve maternal and pediatric clinical training and the diagnosis and treatment of mental retardation as it arises in the patient population. Research training is conducted in metabolism and endocrinology, disciplines basic to some forms of mental retardation.

C. Training Efforts of the National Institute of Mental Health

The President's Committee on Mental Retardation recommends "greatly expanded" support and increased effort "... to attract scientists and professional specialists in education, the medical and behavioral sciences and related fields into research and service..." Since the Inservice Training Program in Mental Retardation has been transferred from the Institute, the National Institute of Mental Health supports no training program specifically focused on the field of retardation. A number of programs, however, incorporate some emphasis on the area. Residency training in basic and child psychiatry, for example, includes education in mental retardation as a standard part of the curriculum. Also, training in psychiatric social work and other behavioral science areas includes field or classroom work in mental retardation.

The training programs vary widely in mission and content. Psychiatric residencies include training in intake, diagnostic, and evaluative studies of the retarded, as well as psychotherapeutic work with the emotionally disturbed retarded and their families. Pre- and post-doctoral training in clinical and school psychology includes instruction as well.

It should be noted that the subject of retardation is an element in all under-graduate nursing education and in most of the curricula integrating psychiatric and behavioral science concepts.

In summary, mental retardation is a multifaceted program area which incorporates many of the Institute's focal concerns such as the study and remediation of learning difficulties, cultural deprivation, and the enhancement of optimal development. The breadth and ramifications of mental retardation research makes it critical to the extension of knowledge in the mental health field.

D. Partnership for Health Training Activities

The Partnership for Health Amendments of 1967 (P.L. 90-174) through Section 314(c) authorized project grants for training, studies, and demonstrations in health planning. Public and nonprofit agencies and organizations are eligible to apply for such support. During the fiscal year 1968, $1,410,000 was obligated through the Partnership for Health Program for mental retardation training activities.

IV. Research and Development Activities

A. Research Related to Organically-Based Mental Retardation

A pilot project conducted by the Indian Health Service in cooperation with the Bureau of Indian Affairs utilizes an interdisciplinary approach to identify both organically and functionally retarded children. The medical, psychological and sociological screening of these children provides a diagnostic basis for determination of required medical treatment and specialized curriculum to meet individual learning needs. In fiscal year 1970, this will be expanded and will be involving a number of medical schools located near reservations.

A study recently completed on the Whiteriver Reservation showed a correlation between cultural and social problems and incidence of prematurity, which frequently accompanies mental retardation.

A five-year study of American Indian Congenital Malformations, carried out jointly by the Indian Health Service and the Human Genetics Branch of the National Institute of Dental Research,is in its fourth year. When completed, the study will supply data that will help to evaluate congenital defects in relation to total health status of the Indian. It will also help to identify high frequencies of specific defects due to causes which can be remedied, and will make possible racial comparisons of congenital defects which are of basic genetic interest in trying to determine the etiology of these defects.

A long-term study of a group of 643 Alaskan Eskimo children born between 1960 and 1962 is continuing under the joint sponsorship of the Arctic Health Research Laboratory and the Indian Health Service. A report on the growth, morbidity and mortality of these children presented at the American Public Health Association meeting in 1968 provided significant information on the health status of these children applicable to the prevention of mental retardation.

B. Research Concerning Functional Mental Retardation, National Institute of Mental Health

Over the past decades, the National Institute of Mental Health (NIMH) has supported a broad range of research and training projects in the field of mental retardation. In the past several years, new and reorganized agencies within the Department of Health, Education, and Welfare have enlarged their programs in mental retardation, absorbing a variety of NIMH efforts -

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particularly in the areas of demonstrations, inservice training and basic research in child development. Summarized below are those research and training programs which remain as part of the Institute's overall mental health mission.

In the report MR 68: The Edge of Change, the President's Committee on Mental Retardation recommends "... intensification of research in the social and other behavioral sciences ..." to isolate and define social and cultural factors in mental retardation (p. 25). The current NIMH research effort in retardation is consonant with this recommendation, falling into three categories: (1) studies of learning, with careful attention to the special learning problems of the retarded; (2) analyses of the effects of cultural and social deprivation; and (3) studies of the behavioral and biological aspects of retardation which relate to mental health and illness.

In the area of learning, investigators are conducting a variety of analyses of the learning process as it operates among the mentally retarded, with a view toward identifying those interventions and those techniques which may facilitate the learning process. Such variables as attention span, capacity for retention, distortions of perception and visual discrimination are being scrutinized to increase the retardate's ability to absorb and profit from his experiences, and to facilitate his intellectual and social development. A specific goal of this work is to develop improved teaching methods. For example, automated teaching techniques are being used in several studies, focusing on programmed learning to develop reading and other skills. Although a number of programs involve attempts to help already damaged children, a primary emphasis overall is the prevention of retardation in high risk populations.

In studies of cultural and social deprivation, investigators are defining the role of poverty, inadequate schooling and community disorganization in causing or contributing to various forms of mental retardation. The aim here is to provide new training and educational approaches for culturally handicapped children; to teach improved child-rearing practices to parents in deprived areas; and to modify attitudes of fear and rejection of the mentally retarded among those who are themselves economically and culturally deprived. Approaches range from broad inter-disciplinary efforts to establish controlled therapeutic settings, to the development of skills such as operant conditioning among those who attempt to teach the retarded self-sufficiency, self-control, and social adjustment.

In studies of behavioral and biological aspects of retardation, investigators are concerned with developing improved techniques for diagnosing and treating those psychological and physical abnormalities found among the retarded. A major issue here is the degree to which emotional factors contribute to retardation - the role of psychopathology and personality disorganization in the retardate's patterns of functioning. As in the case of such disorders as schizophrenia, the relative contribution of biological, social, and psychological factors remains to be accurately defined.

C. Ecological Investigations Program

The Ecological Investigations Program of the National Communicable Disease Center conducted a follow-up study in Hale County, Texas, on the residual neurologic effects of western encephalitis. Twenty-three cases, from 1963 to 1966, and 23 matched controls underwent extensive neurologic, psychologic, and intelligence testing to ascertain the presence of abnormalities, particularly with reference to learning ability. Preliminary results indicated that at least five of the western encephalitis cases had residual brain damage.

A longitudinal study of 110 White River Indian families was also initiated by the Ecological Investigations Program to determine possible interactions between growth, development, and nutrition in the production of enteric and respiratory illness in infants and children.

V. Construction

A. Community Mental Health Centers

Public Law 88-164, passed in 1963, and amended in 1965, 1967 and 1968, authorizes the NIMH to finance up to two-thirds of the cost of construction of new facilities for a community mental health center or the requisition and renovation of existing facilities. The amendments of 1965 authorized the NIMH to make grants over a 51-month period to community mental health centers to meet part of the cost of compensating professional and technical personnel providing new services. To be eligible for either construction or staffing grants an applicant must present a plan for providing a program of at least five essential services, namely, inpatient, outpatient, partial hospitalization, emergency, and consultation and education. These must be offered in a comprehensive and integrated fashion to the center's community, defined as a catchment area of 75,000 to 200,000 persons. These centers, in which the mentally retarded are eligible to receive treatment and services, serve as the nucleus of the National Mental Health Program.

Working in unison with other facets of national programs in mental retardation and mental health, the NIMH assists states and communities to achieve comprehensive treatment in the community for all who need it. Prevention of mental illness in the community is one of the major objectives of the centers.

Since the passage of the Community Mental Health Centers Act, the NIMH has supported the development of 376 community mental health centers in 50 states, the District of Columbia, and Puerto Rico. The services and programs of many of these centers extend to and include mentally retarded persons. About half the states have enacted community mental health services legislation which encourages simultaneous development of community mental health and mental retardation services usually under the auspices of a county or multi-county MH-MR Board.

At the close of fiscal year 1969, 176 centers were operational. Within the year, another 50 centers will have completed construction and/or begun operation under a staffing grant. When all 376 centers are open, augmented and improved services will be available to 52 million Americans.

Many center programs have special relevance to children. Forty-two percent of funded center programs include some kind of specialized services for children; 8 percent have an identified mental retardation service. Other data from centers operating in 1968 show that in terms of direct service, school age children are being serviced in numbers at least as great as their proportion of the total population would warrant.

B. Health Facilities and Construction Service

The Health Facilities Planning and Construction Service (HFPCS) shares responsibility in the administration of two Department programs providing construction grant assistance to facilities for the mentally retarded.

The HFPCS assists the Social and Rehabilitation Service (SRS) in the administration of the programs providing construction grants for community facilities for the mentally retarded and university-affiliated facilities for the mentally retarded under Title I, Part C and Part B, respectively, of the Community Mental Health Centers and Mental Retardation Act.

More specifically, SRS reviews and approves the initial or grant approval stage of the applications for the programs concerned, while at the same time the personnel in the HFPCS regional offices provide consultative recommendations to SRS in respect to the initial stage of the application. After the initial application stage is approved by SRS, the HFPCS program assumes responsibilities for administering subsequent project management responsibilities by approving the ability of the project sponsor to provide his share of the capital needed to construct the facility; by approving the title to the site or other site interest, results of a soil investigation; and, approves the site survey for the site upon which the facility will be constructed. The HFPCS also approves several stages of design drawings, attends bid openings, and conducts inspections of the facility while it is under construction and upon its completion.

VI. Other Activities

A. Partnership for Health

The Partnership for Health Amendments of 1967 (P.L. 90-174) expanded and extended through fiscal year 1970 the authorizations contained in Sections 314(a), (b), (c), (d), and (e) of the Public Health Service Act, as amended by P.L. 89-749. Grants under Section 314 are administered through the DHEW Regional Offices.

1. Section 314(a) authorized formula grants to States for comprehensive health planning, which would include mental retardation, among other physical, mental, and environmental health concerns.

2. Section 314(b) authorized project grants for areawide comprehensive health planning (including mental retardation). Public and nonprofit private agencies or organizations are eligible to apply for such support.

3. Section 314(c) authorized project grants for training, studies, and demonstrations in health planning. Public and nonprofit private agencies and organizations are eligible to apply for such support.

4. Section 314(d) authorized formula grants to States for public health and mental health services. Mental retardation programs may be supported in accord with a State's plans for health services or mental health services.

5. Section 314(e) authorized project grants for health services development. Public or nonprofit private agencies, institutions or organizations are eligible to apply for such support. Mental retardation projects (including related training) should be for service components of well-integrated comprehensive health services programs. Highest priority will be given to project applications which provide previously unavailable special health services to the mentally retarded or their families as integral parts of programs for model cities, ghettos, neighborhood health centers, family planning, or coordinated health programs.

Since 1964 a mental retardation information activity has been operated as part of the National Clearinghouse for Mental Health Information. Because knowledge about mental retardation comes from many scientific disciplines and professions, this service will improve both research and practice and thus have a decided effect on the prevention and treatment of mental retardation.

To maintain this service, the National Clearinghouse for Mental Health Information has had until September 1968, a contract with the American Association on Mental Deficiency to collect current literature on mental retardation, write informative abstracts, index the literature in depth, compile annotated bibliographies on special topics and prepare critical reviews.

From 1964 to 1967 a total of 12,500 current articles, books and monographs were collected, abstracted and indexed in the Clearinghouse system. To provide a more extensive coverage of information for retrieval purposes, an additional 3,500 indexed abstracts of documents published from 1957 through 1963 were added to this system.

B. Maternal and Child Health Service

With the reorganization in October 1969, the Maternal and Child Health Program of the former Children's Bureau was transferred to the Health Services and Mental Health Administration.

The concern of the Maternal and Child Health Services (MCHS) for mentally retarded children and their families stems initially from its responsibility under the Basic Act of 1912 to "investigate and report on all matters pertaining to the welfare of children and child life." In the first 6 years of its existence as the Children's Bureau, three of the major studies produced dealt with mental retardation.

The passage of the Social Security Act in 1935 and the assignment to the Bureau of the added responsibility of administering Federal grants for maternal and child health, crippled children, and child welfare services, emphasized the principle that all of the people, through the Federal government, share with the State and local governments responsibility for helping to provide community services that children need to have for a good start in life. The Social Security Act also afforded the MCHS an opportunity to help the States develop demonstrations and special programs in areas where there were gaps in services.

As recently as 1954, maternal and child health activities on behalf of mentally retarded children and their families were extremely limited. Many local public health nurses were reporting suspected mentally retarded children in their caseloads, but for the most part, they had few or no resources for establishing a diagnosis. By age groups, the greatest gap in available services was in relation to infants and preschool children. It appeared that many of the services that were lacking could best be provided through program emphasis within the framework of the maternal and child health program. The basic interests of this program - that is, preventive health services, child health supervision, growth and development and the fostering of good parent-child relationships - are also the basic interests of a program for mentally retarded children.

It was on this basis and to achieve these goals that the Congress for fiscal year 1957, increased the annual maternal and child health appropriation and earmarked $1 million specifically for special projects serving this group of children. The Appropriations Committee also expressed the hope that an additional million dollars of the increase, which was to be distributed to the States on a regular formula basis, would be used to implement services for the mentally retarded. The enactment of P.L. 88-156 in 1963 increased the authorization and has resulted in increased appropriations both for special projects for mentally retarded children and in the amount of regular formula funds designated for this purpose. P.L. 89-97, "Social Security Amendments of 1965," made further improvements, including the provision of grants for the training of professional health personnel to work with crippled children, particularly the mentally retarded and those with multiple handicaps.

P.L. 89-97 also made available project grants to provide comprehensive health care and services for children and youth of preschool or school age, particularly in areas with concentration of low-income families. The appropriation for the fiscal year 1966 for this program was $15 million; for fiscal year 1967, $35 million; for fiscal year 1968, $37 million; and for fiscal year 1969, $39 million.

The Child Health Act of 1967, which is included in P.L. 90-248, the "Social Security Amendments of 1967," makes provision for the following: (1) increased authorizations for child health under Title V; (2) services for reducing infant mortality and otherwise promoting the health of mothers and children; (3) family planning services; (4) continuation of the programs of maternity and infant care project grants and of comprehensive grants for the health of preschool and school-age children; (5) new dental health service projects; (6) emphasis on early identification of health defects of children; and (7) broadening the scope of research and training authorizations. Reducing the incidence of mental retardation and improving care to mentally retarded children are among the objectives of these provisions.

The "Social Security Amendments of 1967" authorize grants to States for services to families and children receiving Aid to Families with Dependent Children (AFDC). Based on each such family's special circumstances and requirements, services are provided for assisting the family to obtain or retain capability for self-support and care, maintain and strengthen family life and foster child development. Handicapped children and their families receiving AFDC are included in this program.

I. Preventive Services

A. Maternity and Infant Care Projects

The report of the President's Panel on Mental Retardation emphasized the interrelationships of lack of prenatal care, prematurity, and mental retardation. A recent major emphasis in MCH programs has been the Maternity and Infant Care Projects, authorized by P.L. 88-156, "Maternal and Child Health and Mental Retardation Planning Amendments of 1963." This law provides for a new authorization for project grants to meet up to 75 percent of the cost of projects for the provision of necessary health care to prospective mothers who have, or who are likely to have, conditions associated with childbearing which increase the hazards to the health of the mothers or their infants, and whom the State or local health department determines will not receive necessary health care because they are from low-income families or for other reasons beyond their control. In addition, the legislation provides for medical and hospital care for premature infants and other infants at risk. Late in fiscal year 1964, $5 million was appropriated for this program, and eight projects were approved. For fiscal year 1965, $15 million was appropriated; for fiscal year 1966, $30 million, for fiscal year 1967, $30 million; for fiscal year 1968, $30 million, and for fiscal year 1969, $36 million. By the end of December 1968, 53 projects were in operation.

P.L. 90-248 extends the program of maternity and infant care projects until June 30, 1972, after which they become a special part of each State health services plan. The new legislation continues the intent to help reduce the incidence of mental retardation and other handicapping conditions caused by complications associated with childbearing, and in addition calls for services for helping to reduce infant and maternal mortality. It also adds authority for projects for intensive care of infants and for family planning services.

B. Phenylketonuria and Other Metabolic Diseases

A second major emphasis in prevention within the past few years has been in relation to phenylketonuria (PKU). This inborn error of metabolism has in the past been responsible for one percent of the population in our State institutions for the mentally retarded. By detecting families with the condition and by placing young infants with the condition on a special diet, mental retardation can usually be prevented. The MCHS had been working with State health departments in developing and trying out various screening and detection programs, developing the necessary laboratory facilities, and assisting States in providing the special diet and follow-up programs for these families. When the Guthrie inhibition assay method for screening newborn babies was developed, the MCHS supported field trials of this test. More than 400,000 newborn babies in 29 States were screened, and 39 cases of PKU were found, an incidence of almost one in 10,000.

The MCHS is now urging that all States have a program for screening infants for PKU. Although such a program may be initiated without a legislative requirement, in many States laws have been enacted on this subject. As of the end of December 1969, 43 States had such laws, most of them making screening for PKU mandatory. The 43 States are:

Alabama	Illinois	Missouri	Oregon
Alaska	Indiana	Montana	Pennsylvania
Arkansas	Iowa	Nebraska	Rhode Island
California	Kansas	Nevada	South Carolina
Colorado	Kentucky	New Hampshire	Tennessee
Connecticut	Louisiana	New Jersey	Texas
Florida	Maine	New Mexico	Utah
Georgia	Maryland	New York	Virginia
Hawaii	Massachusetts	North Dakota	Washington
Idaho	Michigan	Ohio	West Virginia
	Minnesota	Oklahoma	Wisconsin

As more children with PKU are found, the problems relating to treatment services are receiving increased attention. Funds were granted for planning a 5-year collaborative study of treated phenylketonuric children, for purposes of increasing knowledge of methods of treatment of children with this disease; this study is now under way, with a number of clinics participating. A grant has also been made to develop a reference and standard service for phenylalanine determinations needed in screening and treatment. In April 1966, an important meeting was financed by the MCHS to discuss PKU screening and treatment problems, pathogenesis of the disease, and other relevant topics. The proceedings of this Conference have been published under the title, "Phenylketonuria and Allied Metabolic Diseases." "Recommended Guidelines for PKU Programs" have also been prepared to make known the MCHS recommendations for a comprehensive PKU program.

Interest is also increasing in metabolic diseases other than PKU that lead to mental retardation. The MCHS is continuing to support a study of the clinical application of screening tests to detect galactosemia, maple syrup urine disease, and histidinemia. Also, support is being given to studies of new approaches to broader screening methods; for example, support is being given to a study which would make available a battery of automated tests for screening metabolic diseases. In addition, field trials are being conducted of a simple method to determine elevations of 10 different amino acids, for detection of metabolic disorders.

C. Lead Poisoning

In the area of prevention, increasing attention is being paid to lead poisoning. Despite present-day manufacture and use of lead-free paint, many children become mentally retarded or suffer other damage from ingestion of chips of lead-containing paint from walls and woodwork in old, dilapidated housing. A publication, "Lead Poisoning in Children," addressed to public health workers, has been prepared, suggesting a program of prevention, casefinding, follow-up of cases, and other measures to cope with this problem. Some of the Children and Youth projects have had a special interest in finding and treating children with lead poisoning.

D. Immunizations

From experience with immunization of children against diphtheria, tetanus, and pertussis, and against measles, it has been learned that special efforts need to be made to reach children in the low-income neighborhoods of many cities. To achieve the maximum effect in the rubella program, a major public health program is being conducted.

E. Familial Mental Retardation

Interest is increasing in mental retardation associated with poverty. The MCHS has published "Children of Deprivation," a report of a project at the University of Iowa dealing with this problem, and some of the MCHS supported mental retardation clinics are now showing more active concern with this cause of mental retardation.

II. Basic and Supportive Services

A. Casefinding and Screening

The MCHS has, from the beginning of its work in financing programs for retarded children, emphasized the importance of early detection and casefinding. Preference to young children as new cases has been encouraged in the clinics supported by MCHS funds. In recent years training, particularly for nurses, has emphasized the skills necessary for early detection. "A Developmental Approach to Casefinding with Special Reference to Cerebral Palsy, Mental Retardation, and Related Disorders," written by a nurse, was published in 1967 to provide a tool for developing such competency.

B. Clinical Services

Support of clinical services for mentally retarded children is one of the most important uses for MCHS mental retardation funds. The services provided include diagnosis, evaluation of a child's capacity for growth, the development of a treatment and management plan, interpretation of findings to parents and follow-up care and supervision. As of the end of November 1969, of the almost 200 mental retardation clinics in the country, the staff and services of 135 were supported in whole or in part by MCHS funds. The MCHS-supported clinics served approximately 40,000 children in fiscal year 1969. Somewhat over one-third of the children new to the program were under 5 years of age. During fiscal year 1968 and 1969, the number of MCHS-supported clinics increased; by the end of fiscal year 1969 there were 150 such clinics serving approximately 43,000 children. The total number of mental retardation clinics in the United States is now 235.

The Children and Youth projects authorized by P.L. 39-97 offer an opportunity for providing increased services to mentally retarded children in the areas served by the projects. As of the end of December 1968, 58 Children and Youth projects were in operation. These projects provide comprehensive health services for children especially those living in areas with concentrations of low-income families.

C. Crippled Children's Services

Since enactment of the Social Security Act in 1935, the Federal government, through the MCHS, has assisted the States in providing services to crippled children. Although exact data are not available, it is known that relatively few mentally retarded children were cared for in these programs prior to 1963. The enactment of P.L. 88-156, providing for increased funds for the crippled children's program and for the earmarking of some of the funds specifically for mentally retarded children, has resulted in more attention being paid to

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physically handicapped retarded children. In some States, the definition of crippling conditions is being broadened to include conditions for which services had not hitherto been given. Some children who would formerly have been turned away are now being given services.

An important use of the expanded funds available for mentally retarded crippled children is in providing services for institutionalized children; for example, orthopedic services not hitherto available to these children. In addition, the MCHS staff itself has provided some consultation to the institutions, particularly in the fields of nutrition and physical therapy and to some extent in nursing.

A recent development has been a broadening of the scope of services to give more attention to children who are both physically handicapped and mentally retarded, children who have several physical handicaps, and children with serious learning disorders. Some mental retardation clinics are showing increased interest in serving these children and a number of special clinics, financed by MCHS funds, have been set up.

Another use of Crippled Children's funds in the mental retardation field is a study and demonstration project now under way concerning the speech and language skills of mentally retarded children.

In 1966, over 20,000 children with diagnoses of various forms of mental retardation received medical services in the Crippled Children's program. The 1967 amendments to the Social Security Act require that State plans for Crippled Children's services provide for more vigorous efforts to screen and treat children with disabling conditions. This provision should result in an increase in the number of mentally retarded children identified and treated.

D. Cytogenetic and Biochemical Laboratory Programs

A new use to which some of the MCHS funds earmarked for mental retardation are being put is in the area of cytogenetic and biochemical laboratory services. Project grants have been approved which establish such programs as extensions of clinical services at hospitals or medical schools. Projects include chromosome analysis and diagnosis of various medical conditions which may be genetic and result in mental retardation. On the basis of these analyses, counseling may also be given to parents seeking advice on genetic questions. The biochemical laboratories may also do continuing monitoring of patients with metabolic diseases. Training in medical genetics is also an important aspect of many of these projects. By the end of December 1968, 20 such projects had been approved. In March 1966 a group of experts in this field was called in to discuss and make recommendations on present and future Bureau programs in this area.

E. Dental Programs

Programs for the dental care of handicapped children, including the mentally retarded, have been encouraged in the past; but dental care will be given new support as a result of the 1967 Social Security Amendments. These amendments authorize support of up to 75 percent of the cost of projects to provide comprehensive dental health services for children from low-income families. No appropriation for this program was made for fiscal year 1969.

III. Training of Personnel

A. Training for Health Services

Training activities for health services in the field of mental retardation, assisted by MCHS funds, have encompassed many approaches: Grants for fellowships; support of and participation in institutes, conferences, and other short-term training sessions; consultation on course curricula; arrangements for clinical experience in mental retardation clinics; distribution of informational materials to professional workers; and recently support of the university-affiliated centers being constructed under authority of P.L. 88-164, Title I, Part B.

The new Section 511 of the Social Security Act as amended in 1967 replaces and expands the training authority to include all personnel involved in providing health care and related services to mothers and children, with special attention to undergraudate training. This amount, supplemented by special project funds from the MCH and CC programs, was used primarily to develop and support programs of interdisciplinary training in 22 universities. These university-affiliated programs are developing a variety of training approaches for the many disciplines involved in caring for the retarded children.

NATIONAL INSTITUTES OF HEALTH

Introduction

Mental retardation is a major social, educational and economic problem. Although accurate figures are not available it is estimated that 3% of the population or some six million adults and children in the United States are considered mentally retarded. An additional 20 million persons and their immediate families share their problems in coping with a society which only in the last decade has begun to attempt to understand their special needs and to seek solutions to their problems in a meaningful way. Recognition of the needs and rights of the mentally retarded and the research engendered by this recognition will ultimately result in great reduction in the hundreds of millions of dollars expended annually in this country on welfare and maintenance services.

Biomedical research now in progress has provided clues concerning the basic mechanisms involved in a number of diseases causing mental retardation. An increasing number of genetically determined conditions can now be diagnosed in utero. Management of these cases in utero is the subject of research in a number of research centers. Progress in the application of these preventive and corrective approaches frequently involve legal, religious and social issues which determine, in many instances, the management approach taken. Resolution of these issues will need to consider the prospects in behavioral and educational research where research progress is contributing significantly to the correction and amelioration of the problems of life adaptation in existing retardates.

The National Institutes of Health efforts to prevent, cure, or ameliorate mental retardation emanate from at least five of the Institutes. Primary responsibility resides in the National Institute of Child Health and Human Development (NICHD), which recognizes the importance of this subject to such a degree that an entire branch, one of five in its extramural program, is devoted exclusively to development and support of mental retardation research and research training. The activities of three of the Institute's four other branches are also frequently of significance to the MR problem. Three branches of the Institute's intramural program have as their responsibility the conduct of mental retardation research. The Children's Diagnostic and Study Branch emphasizes research on problems of diagnosis and evaluation while the Behavioral Biology Branch and the Laboratory of Biomedical Science conduct research in the neurophysiological, electro-physiological, biochemical, metabolic and molecular aspects of mental retardation.

Other Institute's of the National Institutes of Health also contribute to the nation's research efforts to resolve the problem of mental retardation. Among these are the central nervous system research of the National Institute of Neurological Diseases and Stroke (NINDS), the National Institute of Allergy and Infectious Diseases (NIAID), the National Institute of Arthritis and Metabolic Diseases (NIAMD), all of which directly or indirectly extend the efforts of the Mental Retardation Branch of NICHD.

Some examples of the research supported by Institutes other than NICHD of importance to the solution of MR are the work on the effects of fetal and neonatal hypoxia on the developing central nervous system supported by NINDS; the NIAID supported work which has resulted in a preventive vaccine for rubella, a disease which often causes mental retardation in children whose mothers contracted it in the first trimester of pregnancy; and the NIAMD supported work on metabolic diseases, some of which result in mental retardation if they occur during fetal life or within a few months of birth.

The biological bases of mental retardation are many and varied. Aberrant intellectual development may result from hereditary causes such as inborn errors of metabolism (phenylketonuria is an example); meiotic or mitotic chromosomal abnormalities (mongolism or Down's syndrome, which may also be hereditary); endocrine dysfunction (cretinism); and severe protein or calorie deficiency during pregnancy or infancy may result in inadequate central nervous system development. It is also known that the conditions of poverty, lack of good perinatal care, chronic and debilitating diseases, poor sanitation, broken or inadequate homes, insufficient or non-existent medical care, and inadequate educational opportunity result in incidence and prevalence of mental retardation at rates 7 to 10 times higher than the average estimate of 3% for the population as a whole.

The National Institutes of Health encourages and supports research and research training in order to acquire basic information about the causes of mental retardation. Adequate knowledge of etiology will facilitate development of preventive techniques, which is the ultimate goal of these endeavors. Where primary prevention is not attainable, amelioration of human suffering and reducing the consequences of mental retardation to those affected, their families and society as a whole becomes a secondary goal. Using research grants for individual and program projects, research training grants to institutions of higher learning, fellowships and research career development awards to qualified individual scientists, and contracts to qualified institutions, the NIH is supporting a broad research effort in the biological, medical, clinical and behavioral sciences. The Mental Retardation Branch of the NICHD alone is supporting over 125 research and research training grants, awards and contracts in the various aspects of mental retardation. The estimated total outlay for support of mental retardation research and training by the NIH for FY 1970 approximates $38 million.

I. Training of Personnel

A. National Institute of Child Health and Human Development (NICHD)

The need for more research workers in all fields and disciplines, with primary interest in mental retardation, remains critical. Research training grants which provide support for student stipends, faculty salaries, and necessary equipment and supplies for teaching and research are the primary mechanisms used for stimulating additional training. Seventeen mental retardation research training grants, totaling $1,003,000, are being supported by NICHD in FY 1969. While substantial, this effort will still fall short of supplying the anticipated requirements for trained scientists. These training grants provide training in basic biomedical research, clinical research and behavioral research. In addition to trainees

directly involved in receiving stipends from these programs, a large number of other scholars also benefit from the existence of the specific programs through participation in seminars or courses and use of facilities established for or by the training program. Trainees range from Masters Degree candidates through post-doctoral trainees with up to 2 years residency already completed.

On an individual basis 8 research fellows are being supported with an additional 3 having been approved, but not yet activated by the applicants. This is a total of 11, up 2 from FY 1968. Research career development awards increased by 1 for a total of 5 in FY 1969. The fellowship awards cover basic biology, clinical medicine, and behavioral studies. The research career development awards are to 4 scientists working in basic biology and to 1 scientist studying discrimination and attention in learning.

B. National Institute of Neurological Diseases and Stroke (NINDS)

While the training program of the National Institute of Neurological Diseases and Stroke is not specifically and exclusively directed towards mental retardation, it is directed toward the development of clinical neurologists and competent research scientists in the fields associated with the diseases of the nervous system. These disciplines provide the basic tools required for any serious attack on the problem of organically-based mental retardation. Particularly important are the Institute programs for the training of pediatric neurologists, who are very often required to make the initial diagnosis of mental retardation. Training programs in speech pathology and audiology are fundamental to therapy in the mentally retarded and receive strong support from the Institute.

II. Research

A. National Institute of Child Health and Human Development (NICHD)

National Institutes of Health supported research covers nearly the whole spectrum of biological and clinical research disciplines and a great many of the behavioral ones as well. In recognition of the complexity of the disease entities involved efforts have been made to stimulate multifaceted and interdisciplinary attacks on the problem. The appropriate support mechanism for such research is the program project grant and some success is indicated by the increase in the number of such awards from 16 in FY 1968 to 21 in FT 1969. In all, 92 research grants (including program grants) and 4 contracts are currently active. Of these, approximately 70% of the research grants are in biomedical research and 30% in the behavioral research areas in terms of dollar amount. In contracts, 3 are biomedical and 1 is behavioral. In dollar amounts, 88% of contract expenditures go toward biomedical research and 12% toward behavioral research.

A large fraction of current biomedical research support is devoted to cytogenetic and tissue culture investigation of genetic defects including inborn errors of metabolism and mongolism. In the past year one investigator, supported by NICHD, has expanded and extended the knowledge gained from this research to the point where he (as well as others) is able to test cells and amniotic fluid obtained by

transabdominal amniocentesis at 14 weeks of pregnancy to determine whether the infant will be normal with respect to many of the diseases which can result in mental retardation. It is expected that, as this technique becomes refined and more easily employed, in utero management such as enzyme induction through surgical implantation, drug administration, and others will be developed. This technique, coupled with therapeutic abortion, where indicated, will result in a substantial reduction in the incidence of mental retardation.

The role of malnutrition in etiology of mental retardation is receiving increased attention by the NICHD. One investigator supported by NICHD has reported results of a longitudinal study which contains convincing evidence indicating that malnutrition occurring early in infancy can result in reduced intellectual capacity and ability to adapt to the environment. Additional studies have been mounted in this country and abroad and are currently receiving support from the Institute. Due to the difficulties of separating other environmental effects such as chronic infection, lack of social stimulation, etc., from those of malnutrition these studies are difficult to perform and their results must be interpreted with great caution. The available evidence from both animal and human studies dictates, however, that more knowledge be gained for a full understanding of the role of malnutrition in relation to intellectual development.

A contract for the investigation of the effects of improving the maternal diet during pregnancy has been let in a large urban poverty area in order to measure the effects of a more adequate maternal diet on the developing child. A study already in progress in a southern rural area to examine the effects of maternal dietary supplementation on offspring growth has been expanded this year to include measures of intellectual and behavioral development in the children. A study in Guatemala, supported jointly by NICHD and INCAP, has reached the stage of definitive data collection after a necessary long period of developing and testing methods and measurement scales of behavior. Preliminary data indicate that early severe protein-calorie deficiency results in deficits in behavior clustering in certain psychological areas. Similar research programs in Mexico and Chile are supported by the Institute.

Seven of the 12 mental retardation research centers authorized for construction under Part A, P.L. 88-164 were completed and operational in FY 1970. The completed centers are located at the University of Washington, Seattle, Washington; George Peabody College for Teachers, Nashville, Tennessee; Albert Einstein College of Medicine, Bronx, New York; University of California at Los Angeles, Los Angeles, California; University of Colorado Medical Center, Denver, Colorado; Cincinnati Children's Hospital, Cincinnati, Ohio; and, the University of Chicago, Chicago, Illinois. Centers at Children's Hospital Medical Center, Boston, Massachusetts; Fernald State School, Waltham, Massachusetts; University of Kansas, Lawrence, Kansas; and, the University of North Carolina, Chapel Hill, North Carolina are expected to be completed in FY 1971. The center at the University of Wisconsin, Madison, Wisconsin is scheduled for completion by July, 1972.

At the Federal level the NICHD has primary responsibility for assisting center administrations with the development and operation of the centers' programs of research and research training in the field of mental retardation and related aspects of human development. When fully operational it is anticipated that the centers will carry the major research thrust of our nation's efforts to combat mental retardation.

The research activities of the centers are many and varied. Several of the centers are working on the problem of mental retardation associated with depriving life circumstances. The center at Kansas is making notable progress in methods utilizing local people, especially mothers, in creating or improving the conditions under which the intellectual development of children is stimulated. Methods of constructive intervention to prevent or minimize poverty-linked retardation are under way and others are being planned at the Peabody Center. Studies with the same aims are under way or planned at the University of North Carolina where ways of preventing retardation in the disadvantaged through the use of psycho-social intervention are underway. The staff of the University of Wisconsin Center is currently deeply concerned with rehabilitative methods as well as biomedical research on metabolic disorders such as phenylketonuria. At the University of Washington Center the staff is planning an interdisciplinary, longitudinal research program to relate medical, biochemical, electrophysiological and other events during pregnancy with the neurological sequelae observed in infants and children. This will make possible elucidation of the role of events or processes occurring during gestation, birth and the neonatal period, which can result in mental retardation, and,hopefully, will assist in finding preventive or therapeutic measures.

B. National Institute of Neurological Diseases and Stroke (NINDS)

The National Institute of Neurological Diseases and Stroke sponsors research in mental retardation when mental retardation appears as a symptom, complication or sequela of some disease of the central nervous system. Consequently, a large number of research projects supported by NINDS can be said to be relevant to mental retardation research, although the interest of the scientist may be in the study of some particular phase of disease rather than in mental retardation directly. The research projects involved use nearly all of the scientific disciplines to some degree.

One of the Institute's major efforts which has great interest for mental retardation research is a collaborative project with 14 cooperating institutions investigating the prenatal, perinatal and postnatal factors relating to the development of children. The "Collaborative Study in Cerebral Palsy and Other Neurological and Sensory Disorders in Infancy and Childhood" is following the offspring of more than 50,000 mothers from early pregnancy through labor and delivery until the children are at least through the first year of school.

This program was started in 1959. The gathering of data has been completed for pregnancies, deliveries and on all children through the age of one year. About 30 percent of these children are now age seven, and are completing their examination schedule. Concurrent evaluations

indicate that about 77 percent of the eligible children have actually been examined at the age of seven. Of the remaining children, half of them have been lost to the study, but efforts are being made to find them.

These data are now being continually analyzed and reported. Two volumes of the collected bibliography of reports from this study: Volume I from 1963 through June 1969 and Volume 2 from July 1968 through June 1969 have been published. These are available from the Perinatal Research Branch, NINDS, Wiscon Building, Room 708, Bethesda, Md. 20014.

Research into inborn metabolic errors is being supported in order to discover how early these diseases appear and when to begin treatment. There are more than 200 known metabolic abnormalities of which no more than 6 may be amenable to present therapeutic approaches. The biochemistry of these diseases and the relationship of the biochemical activities to brain function are being studied. These studies, which are directly relevant to the development of mental retardation, are identifying the enzyme defects which are specific for the various diseases. Research is beginning to see if substitution therapy can be developed.

Studies are underway to attempt to link the pathological patterns of brain damage to functional development. In this area the Collaborative Study will be valuable in providing both normative data and incidence statistics relative to mental retardation.

The early diagnosis of mental retardation is frequently extremely difficult. The Institute continues to support programs for the refinement of diagnostic techniques. The problem of minimal brain dysfunction is undergoing re-evaluation to assess the current status of and to apply advanced techniques to this difficult area.

Mental retardation often follows hydrocephalus and brain tumors in childhood. Development of appropriate surgical or pharmacological therapy remains an objective of the Institute. The Institute is also supporting programs which investigate the mechanisms involved in meningitis or meningoencephalopathy to determine proper preventive and therapeutic approaches.

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OFFICE OF EDUCATION

Introduction

Programs dealing with handicapped children in the Office of Education have been placed under the administrative direction of the Bureau of Education for the Handicapped. This is consistent with the efforts of the Office of Education to provide maximum educational programming for all children. The Bureau is responsible for supervising and implementing current and new legislative authorities to provide funds for projects and programs relating to the education, training and research of handicapped children and youth. These children include those who are mentally retarded as well as those who are hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled, or other health impaired and require special education.

The Bureau is specifically charged with the task of helping each handicapped child develop to the maximum those skills and talents which will enable him to become independent and self-sufficient as an adult. The Bureau, through its various support mechanisms, directs programs designed to (1) increase the number of qualified professional personnel (2) improve educational services in local and State programs; (3) stimulate acquisition, evaluation, and utilization of modern educational equipment, media, and teaching materials; and (4) encourage theoretical and applied research, the use of successfully tested research, and advanced educational techniques.

The impetus for change and its challenge is part of the climate of the Bureau. It is reflected in the mood and feeling of its professional staff in their drive for commitment and awareness to innovate, to initiate, to lead, to evaluate, and "to be first" to enter new areas to benefit the handicapped. The Bureau provides leadership at every level to provide resources, knowledge, and awareness not limited by lack of perception, or vision, or by lack of dedication to the handicapped by those responsible for effecting policy. Further, it maintains a constant and close contact with its constituents via conferences, institutes, professional meetings, and the National Advisory Committee on Handicapped. The latter Committee is responsible for reviewing the administration of the Bureau, its programs, and the status of legislation in connection with the use of Federal funds to assist State education agencies, institutions of higher education, and other non-profit agencies that administer Federal programs involving the education of handicapped children. Throughout its activities, the Bureau's stress is on cooperation and open communication with all agencies serving the handicapped for no program effort can be truly effective in isolation.

In its continuing efforts to improve the educational opportunities for all mentally retarded children, the Bureau jointly sponsored and supported with the President's Committee on Mental Retardation a conference on "Problems of Education of Children in the Inner City." This conference was held August 10-12 at the Airlie House in Warrenton, Virginia and brought together approximately one hundred persons concerned with programs for the mentally retarded and other children

in the inner city. Public school teachers, administrators, parents, psychologists, sociologists, teacher aides, university personnel, and Federal officials were equally distributed among the conferees.

A full report of the above conference, its findings, and its recommendations may be obtained early in 1970 from the President's Committee on Mental Retardation.

Through the Bureau's Office of Program Planning and Evaluation, long-range plans for program implementation and support have been developed. These plans will insure greater coordination and integration of the various Bureau programs as well as facilitate maximum programming for all handicapped children. This same office has instituted a number of evaluation studies which will assess thoroughly the effectiveness of funding patterns, research and demonstration programs, personnel training models, dissemination projects, and distribution of services to handicapped children. The findings of these studies will be analyzed and then utilized to improve all program efforts of the Bureau.

A sound Federal program must plan and accurately assess the effectiveness of its planning. It must adapt to an evolving educational system and maintain responsiveness to the needs of handicapped children. New models must consistently be developed, implemented, and evaluated if positive advances are to be realized. The Bureau's Office of Program Planning and Evaluation provides these vital ingredients in a most exemplary manner.

In order to efficiently implement its assigned responsibilities the Bureau is administratively organized into three major divisions and an Office of the Associate Commissioner which includes a Program Planning and Evaluation Office; an Information and Reports Office; an Executive Office; and an Office of Program Implementation. This latter office is responsible for developing guidelines to effectively implement new legislation which expands and creates educational opportunities for handicapped children. In 1969, this office successfully initiated the first Federally supported early education programs for the handicapped as authorized by the Handicapped Children's Early Education Assistance Act of 1968, Public Law 90-538.

Each of the three divisions provide an important element in the functions rendered by the Bureau in making up a total program of service, training, and research for the mentally retarded as well as other handicaps of children. The following pages describe these services for mentally retarded children on a divisional basis.

I. Division of Training

A. Purpose

The Division of Training Programs initiates, maintains, and improves programs for the preparation of professional leadership and teaching personnel to educate handicapped children. Divisional programs which are designed to implement this purpose are two-fold in their attack, in that they must provide: (1) classroom supervisory, consultative, and administrative personnel for State and local special education programs;

and (2) personnel for higher education institutions responsible for preparing administrative and classroom personnel. The Division of Training Programs in an effort to effectively implement training programs for the mentally retarded has organized a Mental Retardation Branch. This Branch, one of three in the Division, is responsible for the coordination and administration of all programs in the area of mental retardation.

B. Need

As more States legislate mandatory education for handicapped children the major problem faced in implementing such legislation is an acute shortage of qualified personnel. According to data received from the State Plans submitted by State education agencies under Title VI, ESEA, for fiscal year 1968, approximately 376,000 teachers and other personnel were needed to provide educational services to all handicapped children then identified. Approximately 100,000 or 26% of the preceding personnel needed were in the area of mental retardation. Still, only 47,000 or 47% of the latter number needed for the education of the mentally retarded were employed in 1968, and many of these persons lacked full certification. If general turnover rates applicable to the education profession are applied, approximately 10% of the special education teachers will leave the field each year. At current rates of preparing professional personnel in mental retardation more than twenty years will be needed to close the gap between supply and demand, if all other variables remain constant.

As a result of the teacher shortage, approximately two-thirds of the more than five million handicapped children of school age are not receiving special educational services they require. Many of the established programs are actually of minimal quality,because they have been started with less than fully qualified personnel. This current deficit, as in the past, not only retards the systematic growth of special education, but simultaneously requires the majority of our nation's handicapped children to accept an education program inappropriate to their needs. Similarly, college and university personnel too essential to the preparation of teachers are also in short supply. For academic year 1969-70, approximately 200 new faculty members were needed; however, less than one half of this number was available.

C. History

In 1958, Public Law 85-926 was passed by Congress authorizing an appropriation of $1 million per year for the preparation of professional personnel in the education of the mentally retarded. This initial piece of legislation was directed at preparing college and university personnel to staff the then existing programs, and much needed new programs for preparing personnel to work with the handicapped in State and local school systems. Between academic years 1959-60 and 1963-64, 692 graduate fellowships were granted to 484 individuals. The majority of these individuals became college and university professors while others became State and local special education leadership personnel. In fact, a recent survey made of the above fellowship recipients indicated that approximately 75% of all programs in mental retardation at colleges and universities are directed or coordinated by these individuals.

On October 31, 1963, P.L. 88-164 was signed into law. Section 301 of this Act amended P.L. 85-926 to: (1) expand the program to include not just the area of mental retardation, but also the areas of the visually handicapped, deaf, crippled and other health impaired, speech and hearing impaired and the emotionally disturbed; (2) allow for the preparation of teachers and other specialists in addition to leadership personnel at the graduate level; (3) extension downward into the senior year undergraduate levels; and (4) increase the monies authorized for these purposes. Since P.L. 85-926 was passed in 1958, approximately 23,000 fellowships and traineeships have been awarded to individuals preparing to work with mentally handicapped children. This includes both short-term and full academic year awards.

A study conducted in February of 1964, of 245 former P.L. 85-926 fellowship recipients revealed that over 90 percent of them were engaged in the field of special education, including the mentally retarded, and about 70 percent were engaged primarily in the field of mental retardation. Sixty-eight of the 245 former fellows indicated that they were currently employed by a college or university, 80 were employed in an administrative or supervisory capacity (19 of these were employed by State educational agencies), and 54 returned to the classroom as teachers of the mentally retarded.

Public Law 85-926 was further amended with the passage of Public Law 89-105 and 90-170. These amendments expanded and extended the program through fiscal year 1970, authorizing appropriations of $29.5 million for fiscal year 1967; $34 million for fiscal year 1968; $37.5 million for fiscal year 1969; and $55 million for fiscal year 1970. These funds have been, and will be, used as stipends for students as well as to support colleges, universities, and State education agencies with the cost of instruction.

Table I - Awards made in the area of mental retardation since the passage of P.L. 85-926 (Fiscal Years 1960 through 1969)

Fiscal Year	Number of Traineeships & Fellowships	Number of Higher Education Institutions Participating	Number of State Education Agencies Participating	Total Amount Obligated
1960	177	16	23	$ 985,222
1961	164	18	41	993,433
1962	160	20	46	997,000
1963	163	19	48	996,433
1964	2,357	108	50	6,419,332
1965	2,506	153	50	6,569,815
1966	3,110	162	52	7,658,002
1967	3,816	177	53	8,891,072
1968	4,521	177	53	8,493,668
1969	6,366	193	53	9,382,084
1970**				

**Appropriations will be approximately equivalent to fiscal year 1969 (awards not available at time of this report)

The number of individuals being trained in mental retardation under this grant program is significant. The improvement and expansion of the many teacher-training programs in mental retardation throughout the Nation--resulting directly and indirectly from the grant program -- will, in the long-run, be of even greater significance. Evidence suggests that the support grants which accompany traineeships and fellowships have enabled a great many of the currently participating colleges and universities to add staff, expand the course offerings, and better supervise the observation and student teaching experiences of the students. The total number of students benefiting from these program improvements at the various colleges and universities will, in most instances, far exceed the number of students who are on a fellowship or traineeship.

It is readily apparent that the "old" P.L. 85-926 program, and its major amendment, P.L. 88-164, has enabled a great number of colleges and universities to develop and/or expand their teacher-training programs in mental retardation. A current analysis of the more than 220 institutions requesting funds in the area of mental retardation indicates that more than 150 of them have on their faculties former fellows who review training under Public Law 85-926.

It will be a number of years before there will be a great reduction in the gap between the number of trained teachers and "leadership personnel" in the area of mental retardation who are needed and the number who are available. However, Public Law 85-926 -- prior to and since the amendments by Section 301 of Public Law 88-164 -- has provided the necessary beginning in the effort to close this gap.

D. Related Program Activities

1. Training of Physical Educators and Recreation Personnel

In addition to the amendments of P.L. 85-926 cited earlier, P.L. 90-170, Title V established a program entitled "Training of Physical Educators and Recreation Personnel for Mentally Retarded and Other Handicapped Children." Section 501 of this bill authorized appropriations of $1 million for fiscal year 1968, $2 million for fiscal year 1969 and $3 million for fiscal year 1970.

In fiscal year 1969, the Bureau of Education for the Handicapped through the Division of Training Programs awarded a total of $300,000 to fifteen universities and colleges to assist in providing professional training in physical education and recreation for the handicapped. Funds were provided to thirteen institutions to assist them in developing a specialized prototype training program for undergraduate and/or graduate students. Two schools were awarded funds to support short term summer workshops for the purpose of stimulating and upgrading programming for the handicapped child.

Appropriations will be approximately equivalent to fiscal year 1969. Fifty seven applications for Fiscal Year 1970 funds to assist in program development, prototype programs and short courses were received. However, awards had not been made prior to the submission of this report.

2. Program Development Conference

A conference was sponsored during the month of September 1969 by the Division of Training Programs for special educators from institutions of higher education which received program development grants for fiscal year 1969 (academic year 1969-70). Six institutions with developing programs in mental retardation participated. During the conference representatives of these institutions responsible for implementing new teacher preparation programs in mental retardation shared mutual experiences and various problems faced in their program development activities. The sharing of ideas by program development grant directors in mental retardation with directors in other areas of the handicapped was found to be extremely valuable to all in attendance. This conference like its predecessors, has served to lessen the mortality rate of program development grants to less than 3% of all programs so funded in the area of mental retardation.

A similar conference is planned for the spring of 1970, for recipients of program development grants for fiscal year 1970.

E. Cooperative Activities

The Division of Training Programs in an effort to utilize all resources in the provision of quality educational programs for all retarded children has entered into cooperative funding or working arrangements with other personnel training programs in the Office of Education and the Social and Rehabilitation Service. The following are three examples of the Division's cooperative efforts:

1. University Affiliated Facility Program

The Division of Training Programs in cooperation with the Division of Mental Retardation of the Social and Rehabilitation Service provided support monies to special education components in sixteen university affiliated facility programs for fiscal year 1969. The extent of the Division's support ranged from approximately $20,000 to $30,000 with a total expenditure of $390,747 for the sixteen supported facilities.

The Division supports a special educator on the university affiliated facility core faculty. The special educator is responsible for instructing medical students, psychologists, social workers, and other related medical personnel as well as students majoring in special education. He serves to effectively integrate special education concepts into the overall interdisciplinary training program of the university affiliated facility.

The universities receiving support through this program for fiscal year 1969 were; Georgetown University; University of California at Los Angeles; John Hopkins University; University of Indiana; Miami University (Florida); Ohio State University; University of Cincinnati; University of Tennessee (Memphis); Children's Hospital (Harvard); University of Oregon; University of North Carolina; University of Alabama (Birmingham); Utah State University; University of Wisconsin; Georgia Retardation Center (Georgia Department of Public Health; and the University of Kansas.

2. Teacher Corps

The Teacher Corps and the Division of Training Programs are jointly supporting a teacher corps program at the State College of Arkansas in Conway, Arkansas. Specifically, the Division provides funds for the support of one teacher corps team (six master's level teachers) who receive instruction in special education of the mentally retarded. Concurrent with their instruction, the teacher corps team members will be working in public school systems with rural disadvantaged children throughout the State of Arkansas.

3. Bureau of Educational Personnel Development (Education Professions Development Act - P.L. 90-35)

The Bureau of Educational Personnel Development and the Bureau of Education for the Handicapped have agreed to cooperate in the funding or programs which provide special education training to regular educational personnel who are working with handicapped children. Approximately 15 percent of the funds available under Part C and D of the above Act will be used in programs to train regular educational personnel such as counselors, educational technology specialists, teachers, and administrators who have an interest or need to become more knowledgeable regarding the problems of the handicapped.

The major responsibility for fulfilling this commitment rests with the Special Education Training Branch in the Division of School Programs. Priority is placed on projects for training decision-makers and change agents such as school administrators, supervisors, teachers of teachers, and State education agency personnel, who may influence the behavior of regular classroom personnel in dealing with the individual learning and behavior problems of handicapped children. Emphasis is placed on the prevention of severe learning problems, particularly for disadvantaged children. In fiscal year 1969, the Special Education Training Program supported 80 projects in 34 States for the training of 5,500 persons, many of whom were for personnel dealing with mentally retarded children. Colleges and universities conducted 58 of these projects, 16 were conducted by local school districts, and six by State education agencies. A Special feature of the program is the Special Education Leadership Training Institute, which trains project directors, assists in the development of new projects, and evaluates the entire program by evaluating selected projects.

In addition, other BEPD programs do support some projects which involve the training of educational personnel to deal more effectively with the problems of handicapped children. These include the Early Childhood Program, Educational Administration Program, Career Opportunities Program, Vocational-Technical Education Program, and the State Grants Program to meet immediate critical shortages of teachers and teacher aides.

When one considers an earlier statement made in this publication to the effect that approximately two thirds of all handicapped children are not receiving specialized educational intervention, it becomes quite obvious that this cooperative agreement will have great impact on improving services for the handicapped. The program, when fully implemented will facilitate greater cooperative interactions between regular and special educators. This will ultimately lead the way to maximum educational programs for all handicapped children.

F. New Programs

1. Special Projects

Training programs to be truly effective must reflect the growth and evolution of special education programs brought about through expansion of research and service activities. As a result training programs must be flexible and enable a continual, but systematic modification of their approaches. Proven traditional approaches to training should be retained, but every opportunity to blend the old approaches with new directions as increased knowledge and experience becomes available, should be encouraged.

To provide a means for developing new models the Division of Training Programs has implemented a Special Projects Grant Award Program. The purpose of this program is to plan; to test new models of training; and to evaluate the effectiveness and efficiency of these new models in preparing personnel to work with handicapped children. These grants are designed to provide the wherewithal for the field of special education to develop, implement, and test new approaches for the preparation of personnel to meet current and projected needs in the education of handicapped children.

There are two types of grants within the special projects award program: planning and prototype (including evaluation). Planning grants will be utilized to provide funds for the support of personnel, travel, and other costs necessary for developing a detailed plan for implementation of a prototype.

Prototype grants will be utilized to implement and test new training approaches. Successfully implemented prototype grants which provide viable approaches to training will be placed into the regular award program for future funding to other training agencies in the United States.

Twenty special project grants were awarded for fiscal year 1969, in amounts ranging from $4,348 to $142,797. Universities participating in this program were: American University; George Peabody College; University of Illinois; University of Minnesota; Southern Connecticut State College; University of Iowa; University of Kansas; Utah State University; Syracuse University; Boston University; University of Massachusetts; Georgia State College; Colorado State College; University of Washington; University of Hawaii; San Francisco State; Virginia Commonwealth University; University of Oregon; University of Texas; and Rutgers University.

F. Future Goals

The goals of the Division of Training Programs are to:

1. Develop "quality" personnel preparation programs at all levels -- undergraduate through graduate.

2. Provide greater opportunities for the interaction of Division staff with university personnel regarding issues in the training of professional personnel.

3. Establish a clear and well defined "State of the Art."

4. Continue cooperating with State Departments of Education to effect comprehensive planning for the training of personnel in special education.

5. Provide continued leadership to the developing university affiliated programs to insure the incorporation of strong special education components into each program.

6. Produce informative materials concerning the education of mentally retarded children and the training of professional personnel to work with them in educational and related placements.

7. Develop realistic new training programs for personnel at preschool and work-study levels.

8. Effectuate qualitative evaluation of all current programs preparing personnel in mental retardation.

II. Division of Educational Services

A. Purpose

The Division of Educational Services provides direct support to handicapped children through services at the classroom and intermediate levels. The Division offers support to State, regional, and local programs to assist in developing and maintaining leadership in the education of handicapped children.

B. Historical Development

Public Law 85-905, the Captioned Films for the Deaf Law, was passed by Congress in 1958 to provide entertainment films for the deaf. This law has subsequently been amended by P.L. 87-715 in 1962 and P.L. 89-258 in 1965 to allow for training, research, production and distribution of educational material for use by deaf children. In December 1967, this authority was again expanded to include educational services to all categories of handicapped children through the 1967 amendments to the Elementary and Secondary Education Act.

Public Law 89-313 was passed by Congress in November 1965, which extended the benefits of Title I of the Elementary and Secondary Education Act to handicapped children in State-supported programs.

During recent years, as local facilities for the handicapped have increased, State schools have found the composition of their resident populations changing from the mildly handicapped to large percentages of children who are severely mentally retarded, and those who have serious handicaps in addition to mental retardation. Model and pilot programs for these types of children have been conducted under P.L. 89-313 in many States.

These funds have enabled institutions and agencies to develop programs for children who have not previously been considered capable of responding to educational or rehabilitative services. The results in many instances have been encouraging and special educators and staff in residential institutions have raised their levels of expectations for such children. While this program has had a relatively limited funding based upon its authorization, significant results have been realized especially in terms of planning for comprehensive services. Monies allotted under P.L. 89-313 for handicapped children were $15,065 million for fiscal year 1967, and $24,747 million for fiscal year 1968, and $29.7 million for fiscal year 1969. In fiscal year 1968, 60,276 mentally retarded youngsters were assisted under this program at an expenditure of $11,118,338.

The 1966 amendments to the Elementary and Secondary Education Act provided under Title VI-A, a program of support to local education agencies through a State plan program. While this law authorized $150.0 million for fiscal year 1968, the appropriations were only $14.25 million. For fiscal year 1968, $162.5 million was authorized and $29.25 million was appropriated.

The 1968 amendments to Title III of the Elementary and Secondary Education Act, provide that 15% of the funds for fiscal year 1969 be spent for innovative and exemplary projects for handicapped children.

It is estimated that $24,715,328 of the funds under this Title will be expended for services to the handicapped during fiscal year 1970.

P.L. 90-247 provides for the development of regional centers for deaf-blind children under Title VI-C. The appropriation for 1969 was $1 million which was used for both development of programs and for direct services to deaf-blind children and their parents. The law permits use of these funds for deaf-blind children with additional handicaps, including those who are mentally retarded.

The Handicapped Children's Early Education Assistance Act, embodied in P.L. 90-538, provides for establishment of a number of model programs for serving very young children with various handicaps. These programs will be distributed strategically throughout the country to serve as models for the development of future preschool and early childhood programs. The 1969 appropriation was $1 million, which served as planning and development funds during the first year of the program and provided for the support of twenty-one planning and three operational centers.

C. Impact on Mental Retardation

Programs will have a significant and far-reaching impact upon education and rehabilitation of mentally retarded individuals. Through such direct support programs Title VI (aid to local programs), P.L. 89-313 (aid to State programs), more extensive and comprehensive programs will develop which will include the utilization of the latest teaching techniques and educational technology. Media Services and Captioned Films for the Deaf with expanded responsibility should provide for an opportunity for State and local programs to take advantage of educational materials, media, and equipment especially designed to meet the needs of the handicapped. Certainly the newly established interest in early education programs for the handicapped will have major impact on mental retardation. This is especially so in the case of those youngsters from culturally disadvantaged areas who greatly need early stimulation. Without such stimulation, it is highly probable that many of those youngsters might become special education candidates.

D. Current Activities

During 1968, the Division of Educational Services held five Regional Conferences to acquaint Title I (89-313) Title VI-A and Title III Coordinators with exemplary projects for the handicapped. The Division staff met with over 600 professional and interested parties to discuss the over-all service program of the Bureau at these conferences.

During fiscal year 1969, the total funds available for services to handicapped children from this Division exceeded $88 million. Most of this money was made available through State Plan programs. Under the State Plan programs, it is estimated that 25 to 30 percent of the funds will be expended for retarded children.

These programs have led to an interest in comprehensive planning. The Division plans to work with State and project personnel to develop

long-range plans and evaluation procedures during 1969. These activities are serving the special educational and related needs of retarded children through such programs as pre-school, elementary,and secondary education projects which may include: curriculum enrichment, expansion, improvement; summer school programs; preschool and school readiness programs; physical education and recreation; prevocational and vocational training; inservice training of teachers; and improved diagnostic services.

E. Future Goals

The goals of the Division of Educational Services are to:

1. Provide significant support monies to both State-supported and local educational programs to assure quality education for all handicapped children.

2. Provide intermediate services such as comprehensive educational diagnostic resource centers on a regional base to provide services for handicapped children and their families. In addition to direct services to children, these centers will provide consultative services to State and local educational agencies to assure the latest available information from research with respect to the learning process.

3. Provide wherever needed comprehensive regional programs for severely multiply handicapped children such as deaf-blind children.

4. Provide through media services the research, production, and distribution of specially designed materials and programs for educational technology for handicapped children. To provide training in the use of media for teachers of the handicapped.

5. Provide through Instructional Material Centers educational management and information systems.

III. Division of Research

A. Purpose

The Division of Research promotes and supports research and related activities which show promise of leading to improvement in educational programs for handicapped children. Support is available for research, dissemination, demonstration, curriculum, and media activities,and for support of Regional Resource Centers.

B. History

The program now administered by the Division of Research was initiated during Fiscal Year 1964 with an appropriation of $1 million authorized under Title III, Section 302 of Public Law 88-164. The scope and flexibility of the program have been extended through amendments to this basic authorizing legislation in Public Law 89-105, Public Law 90-170, and Public Law 90-247. Table 1 provides data on the authorizations, appropriations, obligations, and number of projects supported under this program.

C. Impact on the Problem of Mental Retardation

It is difficult to assess the direct impact of research activities since the lag between the discovery of new knowledge and consequent changes in educational practices obscures the picture. However, some information on the impact of the program is available. As of the end of Fiscal Year 1968 approximately sixty final reports of research monitored by the Division of Research had been made available to practitioners in the field. Many of these research projects have also resulted in other publications in the professional literature. Although the systematic collection of data on the actual implementation of research findings from these projects is just beginning, there are many instances in which these findings have had a direct impact on programs for the mentally retarded.

D. Future Goals

The history of research on handicapped children suggests that minimal gains are obtained by spreading research monies too thinly. Many of the most important problems in education require a massive effort if solutions are to be found in time to help today's children. The Division of Research proposes to support the establishment of Research and Development Centers to focus on the more difficult problems of evaluation, communication, instructional procedures, etc. Through the combined efforts of Research and Development Centers and programmatic research, definite improvement in instructional procedures may well be realized within the next several years.

At the same time, systems of dissemination will be evolved which will facilitate the acceptance of these new models by local school administrators. The new systems of dissemination will be built upon the foundation already developed by the Instructional Materials Centers and a system of Regional Resource Centers currently being developed.

As more funds for research become available, engineering technology will more and more become a part of research supported by this Division. This development has been made possible by the amendment permitting the use of contracts as well as grants for research and development activities. Engineering technology, programmed instruction, and the "systems approach" to education will occupy a major place in the Division's activities in the years to come.

E. Current Activities

The Division currently supports a wide range of activities relating to the education of mentally retarded children. One of the most visible of these is the network of Instructional Materials Centers for handicapped children. Although serving teachers of all the handicapped, these centers have a major commitment to mental retardation. The Instructional Materials Centers, 14 in all, are scattered across the country to serve specified regions. The primary objective of each center is to keep teachers of handicapped children aware of new developments in educational materials. The centers are evaluating existing materials as to their relevance to the handicapped and assisting

in the development of new materials. Since the 14 centers are connected as a network, any information located in one center is immediately available to all other centers.

The Comprehensive Research and Demonstration Center for Handicapped Children, now under construction at Teachers College, Columbia University, similarly has a major emphasis on the problems of the retarded, although at the same time relating to the educational problems of many categories of handicapped children. This center represents a major investment of research funds, both for construction and operation, in an attempt to develop an intense effort in this area of education. Under the Regional Resource Center program, each center would provide a bank of advice and technical services upon which educators in a region could draw in order to improve the education of handicapped children. The primary task of a Center would be to focus on the special education problems of individual handicapped children referred to it. Each Center would provide testing and educational evaluation of the child, and in the light of this evaluation would develop a program of education to meet the child's particular requirements. Working closely with the handicapped child's parents and teachers, each Center would then assist the school (or other appropriate agency) in providing this program, periodically reexamining and reevaluating the program, and making any adjustments which are necessary to keep the program responsive to the educational needs of the handicapped child. Four Regional Resource Centers were funded in FY 1969. These centers are located in Eugene, Oregon; Las Cruces, New Mexico; New York, New York; and Des Moines, Iowa.

Other research activities now under way are attacking problems of teaching and learning with the mentally retarded. One such project has suggested that time spent in learning to learn can make a significant difference in the performance of retarded children. Other projects are developing and testing new curricula for the retarded.

Table 1

Division of Research - - - Historical Data

Year	Authorization	Appropriation	Obligations	#Projects
1964	2,000,000	1,000,000	999,739	34
1965	2,000,000	2,000,000	2,000,000	53
1966	6,000,000	6,000,000	5,994,231	133
1967	9,000,000	8,100,000	8,049,041	127
1968	19,500,000	11,100,000	10,794,113	135
1969	21,750,000	13,600,000	13,593,786	160
1970	28,000,000	----	----	----

IV. Other Office of Education Programs for the Mentally Retarded

The Cooperative Research Act (P.L. 89-10, Title IV) supports several projects concerned with mental retardation. Some of the activities funded under this program have focused upon the development of a project enabling educable mentally retarded children to receive vocational training in food service; the relationship between the training experience and certain personality characteristics of teachers and the progress made by trainable mentally retarded students under their care; and comparisons of learning and retention techniques with mentally retarded children.

The Vocational Education Amendments of 1968 provide that at least 10 percent of each State's allotment for basic grants must be used for programs for persons who are handicapped, including persons who are mentally retarded or seriously emotionally disturbed. This provision of the Act becomes effective in fiscal year 1970. It is anticipated that about 50,000 mentally retarded persons will be served with about $11,500,000.

SOCIAL AND REHABILITATION SERVICE

Introduction

The Social and Rehabilitation Service (SRS) was established August 15, 1967, by the Secretary of Health, Education, and Welfare to join under a single leadership the Department's income support programs for needy Americans and the social and rehabilitation programs that many families and individuals need.

The organization is designed to provide a stronger emphasis on rehabilitation in social and welfare programs.

In October of 1969 a Departmental reorganization shifted the Child Welfare Services of the former Children's Bureau to the newly established Community Services Administration. In addition, the Maternal and Child Health Activities were transferred to the Health Services and Mental Health Administration.

The five major components of the agency are: the Administration on Aging; Assistance Payments Administration; Community Services Administration; Medical Services Administration; and the Rehabilitation Services Administration.

All of these component administrations have major responsibilities in the area of mental retardation. The reorganization has placed new responsibility for the mentally retarded on the Administration on Aging, the Rehabilitation Services Administration, and the Community Services Administration. The latter unit is now concerned with the provision of social and rehabilitative services to various categories of public assistance recipients. The Assistance Payments Administration contributes substantially through financial and medical assistance to mentally retarded individuals who qualify for the various public assistance programs. The Rehabilitation Services Administration also includes the Division of Mental Retardation.

Also located in SRS is the Office of Research, Demonstrations and Training. This office administers a program of grants to States and to public and private, nonprofit agencies to pay part of the cost for research, demonstrations, and the establishment of special facilities and services contributing to the field of rehabilitation.

New legislation has reaffirmed and expanded the Nation's commitment to programs on behalf of the mentally retarded. This includes the Mental Retardation Amendments of 1967, the Vocational Rehabilitation Amendments of 1965, 1967 and 1968, and various aspects of the Social Security Amendments of 1967.

The responsibilities and activities of the component agencies of the Social and Rehabilitation Service and the provisions of the new legislation with respect to programs for the mentally retarded are described on pages 42 to 65 .

Office of Research, Demonstration and Training

1. Rehabilitation Research Branch Program of the Research and Demonstration Grants Division

This Branch carries on a substantial program of research on problems of rehabilitation of retardates. Areas covered include evaluation of aptitudes and abilities, analysis of jobs which the retarded can perform, opening of new occupational areas for the retarded, improvement of counseling techniques, development of new methods of training and job adjustment and evaluation of facilities and programs to assist the transition of the retardate from the institution or other sheltered environment to community participation. The 1965 Amendments to the Vocational Rehabilitation Act recognized in particular the needs of retardates by providing up to eighteen months of services during which the individual is evaluated for employment potential. These amendments also recognized the need for continuing care and study in the form of provision for improved workshops for retardates and other handicapped persons.

The Amendments of 1968 have focused attention on the necessity for research on retardation as a function of cultural deprivation. Current programs of research and demonstration are, therefore, increasingly concerned with new approaches to retardation in ghetto areas, and especially model city neighborhoods. Rehabilitation techniques already developed through research are being extended to problems of the hard core welfare client.

Emphasis is placed on the coordination and focusing of all relevant community agencies on the problems of the retarded. Projects in five different cities have demonstrated ways of most fruitfully bringing together the services of agencies involved in programs for the retarded. An additional study evaluated the efforts of one of these coordinated services programs.

Culture-fair assessment of rehabilitation clients has become of increasing importance as selection for jobs has extended to cultural handicaps. A simple pictorial inventory which will assist in solving this problem for retardates is the recently completed Vocational Interest and Sophistication Assessment Test standardized on 3,000 retarded persons and predicting what job an individual will find most satisfying to him in terms of his interests.

A variety of community based projects demonstrating involvement of community resources for training of retarded and for their transition to the wider community are the results of recent research efforts. For example, a substantial number of work study programs for retarded adolescents have been sponsored by State Divisions of Vocational Rehabilitation jointly with local school boards, parent organizations, private schools, and State departments of education. These projects were based on prototypes developed in the vocational rehabilitation research and demonstration program.

The Bourbon County Schools work-study project, one of several in Appalachia, was established in Kentucky, a State with one of the highest dropout rates in the nation. The retarded subjects were children of impoverished parents; the majority were from homes of tenant or farm laborers with earnings well below poverty level. Despite the massive handicaps of cultural deprivation and mental retardation among the youngsters studied, this project, over its three-year term, reported a dropout rate of only 5 percent. Moreover, 88 percent of the sample of youngsters served have been trained and placed in jobs thus contributing not only to their own independence, but also to the economic welfare of their parents and the community at large.

During the past three years, the State Divisions of Vocational Rehabilitation have conducted energetic programs to place the retarded in a wide variety of civil service jobs. The District of Columbia, DVR and George Washington University have completed a follow-up study of the first 2,000 mentally retarded workers placed with the Federal government throughout the country to determine how effective the program has been and how to improve and expand it to State governments as well.

In order to accelerate training and make it more widely available, the research program has supported a number of projects demonstrating automated teaching techniques for the retarded. One of these, a research demonstration completed last year by the Devereux Foundation, Devon, Pennsylvania, found that automated teaching methods combined with regular classroom work proved more effective than machine methods along or classroom instruction alone in enabling retarded students to utilize learned material in a practical work situation.

The most significant recent research and demonstration development for the retarded is a set of six projects to be carried out jointly by the National Urban League, Family Services Association of America and the National Association for Retarded Children. These are demonstrating in model city neighborhoods new and more effective ways to reach culturally deprived and disadvantaged families with essential services for members of the families who may be retarded.

2. Rehabilitation Research and Training Centers Program

The Research and Training Centers Division of the Office of Research, Demonstrations, and Training has responsibility for administering 19 Rehabilitation Research and Training Centers for mental retardation 8 of which are in distinct organizational and physical entities providing a continuing framework for psychological, social, vocational and rehabilitation research and training, and at least on a demonstration basis, a comprehensive program of evaluation, training, counseling and placement of the mentally retarded individual. The three Mental Retardation Research and Training Centers currently sponsored by the Social and Rehabilitation Service of the Department of Health, Education, and Welfare, are the University of Wisconsin, the University of Texas, and the University of Oregon.

The research conducted by these centers encompasses many aspects of the rehabilitation process, from onset to training and placement of the retarded individual. It is broadly directed to a wide range of

psychosocial, vocational, or other fields of rehabilitation, and also to specific problems in the many aspects of rehabilitation of the retarded.

The training program of these centers provides training of all types, long-term as well as short-term, professional, technical, and for all categories of students, graduate or undergraduate, working in the medical, health-related or other professions engaged in rehabilitation. The program provides training in such areas as the principles of rehabilitation of the retarded and the special problems related to individual or groups of educational, psychosocial, vocational, and medical and other disciplines in the practice of rehabilitation. In all instances, training has been based upon a defined, organized program of instruction designed for undergraduate and graduate students, interns, and professional workers in the field of rehabilitation. Selected sub-professional workers have also been trained.

In 1969, the three Mental Retardation Centers conducted 101 research projects. They are continuing to seek out the cause of retardation, to assess the potential for education and rehabilitation, to develop training and remedial programs suited to the needs of the retarded, and to ascertain the actual learning and socialization difficulties encountered by the retarded. Also being emphasized is the development of adequate motivation for work in the retarded through family, school, and community resources.

The Mental Retardation Research and Training Centers are directing attention to, and advancing understanding of, behavior modification techniques in a variety of settings, the learning and socialization processes, psycho-social testing, work adjustment and vocational rehabilitation procedures. Such studies will hopefully bring about new knowledge not previously available, to be utilized in preparing the retarded for productive, independent living. This research will also be helpful in planning and developing remedial and rehabilitation programs for the disadvantaged and culturally deprived in becoming more self-sufficient.

As an example, the University of Wisconsin Research and Training Center in Mental Retardation (RT-11) has initiated a study on the major personality factors which characterize the adolescent retardate residing in the community. These adjustment characteristics have a significant effect on vocational success and hence, the data obtained from this study will make possible a determination of the effectiveness of behavior modification and other reinforcement techniques.

In the area of training, 30 short-term courses attended by 2,094 trainees were sponsored by the three Mental Retardation Research and Training Centers. These included training for rehabilitation counselors, physicians, special education personnel, nurses, parents, attendants, and others in specific rehabilitation techniques leading to employment of the retarded.

As an example, the University of Texas (RT-12) and the University of Wisconsin (RT-11) Research and Training Centers provided training to over 200 volunteers in the community during 1969. The University of Wisconsin provided training to older inner-city women to work with the retarded in Center project activities and other community service

organizations. The University of Texas provided short-term workshops for volunteers from local mental retardation interest groups to organize and develop needed community service programs.

The Rehabilitation Research and Training Centers in FY 1971 will train new personnel to enter the fields of rehabilitation and also advance the training of experienced personnel so that the vital knowledge they gain can be used to implement new and better services for handicapped and disadvantaged persons. Research environments will be improved so that new knowledge and skills can be developed to solve existing problems. These centers already have considerable impact on the State Vocational Rehabilitation programs and other State service agencies and this will be further strengthened. Center personnel will work closely with State agencies staffs, coordinating training activities with them so that the greatest effort will be aimed toward the areas needed most by the States. The training of medical and paramedical personnel and community volunteers in conjunction with the State agencies will have an important influence on the communities from which they come.

In addition, the Rehabilitation Research and Training Centers will share a significant role in the provision of rehabilitation and employment services to the disadvantaged and poverty stricken in rural and urban settings. Each Center will provide rehabilitation research and training directed to the achievement of success in effectively serving the impoverished, disadvantaged, and dependent, with emphasis upon the improvement of services for self care.

Specific research projects will focus on such high priority areas as improved work adjustment methods for motivating and training the dependent or potentially dependent for employment, new physical restoration techniques for increasing the mobility potential of the severely handicapped, and factors effecting the etiology and acquisition of cultural deprivation and mental retardation in inner city populations.

Training activities of the Centers will prepare medical and other rehabilitation related professionals and supportive personnel to work with disabled welfare and other poverty stricken citizens, to recognize characteristics important in the planning and coordination of rehabilitation services. The use of both sub-professionals and volunteers will be increased during 1971.

During the 1970 fiscal year, the Department of Health, Education, and Welfare appropriation of the three centers was $1,075,000.

3. Division of International Activities

The Division of International Activities is the focal point for the development of all SRS international activities. These include program operations in the fields of maternal and child health, services to crippled children, social welfare, and vocational rehabilitation of the physically handicapped and the mentally retarded. As part of a reorganization of August 1967, international staff of the Welfare Administration, Children's Bureau and the Vocational Rehabilitation Administration were brought together in one unit to administer programs designed to supplement and complement domestic programs and to strengthen relationships with other countries as well as to further U. S. foreign policy goals.

A major segment of the international program has been the development and support of cooperative research and demonstration projects in certain foreign countries.

This program, financed with U. S. owned foreign currencies derived from the sale of agricultural commodities, was initiated by the Vocational Rehabilitation Administration in 1961. A vital adjunct to these research activities is the interchange of experts program authorized under the International Health Research Act. As a result of this authority, the Social and Rehabilitation Service has arranged for the interchange of scientists and experts engaged in research between the U. S. and countries participating in this cooperation program.

Since the beginning of the research and demonstration program in 1961, 22 projects in various aspects of mental retardation have been approved by the Division of International Activities. The range of research interest is very broad encompassing both medical and non-medical projects as well as clients of all ages. Types of projects that are now in progress include: investigations concerning the incidence of phenylketonuria; experimentation with new techniques for training the mentally retarded;and investigations on the medical, psychological, social and cultural aspects of mental retardation. During the past year, projects dealing with mental retardation were approved in Celon, India, Israel, Poland and Tunisia.

The Administration on Aging

1. Older Americans Act - Title III Program

Title III of the Older Americans Act of 1965 provides for funds from the Administration on Aging to stimulate the establishment of a single agency in each State to be responsible for Statewide planning, coordination, and evaluation of State activities and programs in aging, and for community service projects. Once the governor has designated such an agency and the State plan has been approved, allotments are made to the State. One allotment is for use by the State as a focal point for aging, and the responsibility it has for planning, coordination, evaluation, and administration. With the allotment for community projects the State makes grants to public and nonprofit private agencies for (1) community planning and demonstration of programs in aging; (2) for demonstration of new programs or activities beneficial to older people; (3) training special personnel for such programs; and (4) establishment of new or expansion of existing programs, including senior centers.

For example, under a Title III grant, the Boulder River Junior Chamber of Commerce, in Boulder, Montana, is operating a project called "Senior Citizens Conducting Programs for the Mentally Retarded Aged." The program was initiated because existing services and programs at the Montana State Training School and Hospital were focused on younger residents and the older population was being neglected.

During the first year of the project six older people were trained to provide services to over 100 mentally retarded aged at the School. As a result 25 of these aged residents were placed in the community during

the year, some in fulltime jobs and a few in nursing homes. During the second year, two additional older people were recruited and trained to work at the School and a part-time social worker was added to the project staff to help place and follow-up mentally retarded aged who returned to their home communities. The project expects to return about 30 additional residents from the group to their communities by the end of the year.

2. Older Americans Act - Title IV Program

Title IV of the Older Americans Act authorizes the Administration on Aging to make direct grants or to contract for research and demonstration projects of national or regional interest and value. Under a Title IV grant to the Community Service Society of New York, a demonstration project is being conducted on Staten Island in the recruitment, training, placement and retention of older people as volunteers in community service. Of the 300 volunteers, with an average age of almost 70, currently active in the program, 130 are serving at the Willowbrook State School, a 6,000-bed institution for the mentally retarded of all ages. Thirty-nine of the volunteers have been working at Willowbrook more than 2½ years.

Volunteers serve from 4 to 6 hours one or two days a week and perform such functions as feeding and playing with babies and young children, helping in the school rooms, and in the occupational therapy programs, sewing, stamping garments, and repairing toys and furniture in the shops. In addition, a group of women mend clothing for the School at the Stapleton Senior Center, and a folk dance group from another center visits the School once a week to teach dancing to teenage residents of a specially selected ward.

3. The Foster Grandparent Program

The Administration on Aging also administers the Foster Grandparent Program. The Foster Grandparent Program recruits and trains low-income men and women over 60 years of age to serve as foster grandparents to children in institutional and community settings. "Grandparents" provide two hours of individual attention to each of two children daily, and usually work five days a week.

In December 1969, there were 68 projects in 40 States and Puerto Rico. About 8,000 children in 183 institutional settings are served by 4,000 foster grandparents. Over half of the foster grandparents, or 2,720, are working with 5,440 retarded children in 75 different settings. More than 120 communities are affected by the program and many more have expressed interest in developing a project.

The work of the foster grandparents is entirely child-related, on a one-to-one basis, and aimed at providing personal attention to neglected and deprived children, not to relieve institution staff of routine care tasks. Administrative staff of institutions for the mentally retarded report that the children show improvement in self-care skills and motor skills and that, in addition, the positive results which the children show often serve to raise the morale of the institution staff.

There have been quite a few evaluations of individual Foster Grandparent projects within the past three years. All of them conclude that, based on the projects studied, the program is a viable one which has great potential for further growth. The findings of a two-year study of the program at the Denton State School, Denton, Texas, conducted by Dr. Hiram J. Friedsam and Mr. H. R. Dick, North Texas State University, concludes:

> "No matter how [illegible]ing the contact or how limited the carryover, th[illegible] does enrich the lives of the children it [illegible] anyone who is familiar with institutio[illegible] children will not judge this to be a [illegible]

In one project [illegible]m, seven children achieved the level of functi[illegible] to enter Head Start classes; four were admitted [illegible]sses; one boy thought to be retarded was em[illegible]nd then registered for a regular classroom [illegible]

Grandparents ar[illegible]unity and the institutions, bringi[illegible]d bringing to the community a [illegible]ation.

Further informat[illegible]oner, Administration on Agin[illegible]. Department of Health, Education, &[illegible]

Assis[illegible]

Intr[illegible]

Assistance Payments Adminis[illegible]sponsib[illegible]ty is to make grants to States for Public Assis[illegible]nder the Social Security Act passed in 1935. Old Age Assistance, [illegible]id to Families with Dependent Children, Aid to the Blind, and Aid to the Permanently and Totally Disabled constitute the Public Assistance programs in which Federal financial participation is available to help needy individuals who also may be mentally retarded, by supply[illegible]ing financial aid through State-administered or State-supervised public welfare programs.

Income Maintenance

The mentally retarded person who meets a State's eligibility requirements may receive a continuing money payment while residing in his own home, a foster home, boarding home or other institution as long as need exists.

Current legislation under Titles I, IV, X, XIV and XVI of the Social Security Act limits the Assistance Payments Administration involvement with the mentally retarded to those actually receiving money payments, protective or vendor payments under a State approved plan for administering public welfare programs.

For June 1969, the estimated number of mentally retarded individuals receiving public assistance under the Federally aided programs are as follows: Total - 348,000; Old Age Assistance - 61,000; Aid to Blind - 4,000; Aid to the Permanently and Totally Disabled - 113,000; and Aid to Families with Dependent Children - 170,500.

Community Services Administration

Introduction

The Community Services Administration is the newest organizational unit of the SRS, having been established in October 1969. It carries the responsibility for the provision of Social Services under the Public Assistance and Child Welfare titles of the Social Security Act.

A. Family and Child Welfare Services

Community Services Administration administers child welfare services funds authorized by the Social Security Act, as amended, for the purpose of cooperating with State public welfare agencies in establishing, extending and strengthening child welfare services. These funds are allocated to States on a formula basis. The appropriation for fiscal year 1970 will be $46 million. Although none of these funds are earmarked especially for serving the retarded, mentally retarded children are provided these services. Child welfare services, which can benefit the mentally retarded and their families, include parent counseling, homemaker services, day care services, foster family care, care in group homes, adoption services, services to unmarried mothers, and certain institutional pre-admission and aftercare services.

At the present time, all State public welfare programs provide some child welfare services for mentally retarded children. By conservative estimates of the Community Services Administration, 45,000 mentally retarded children receive child welfare services from public welfare agencies.

The "Social Security Amendments of 1967" authorize grants to State public welfare agencies for providing services to families and children receiving Aid to Families with Dependent Children. Federal funds are authorized to pay 85 percent of State costs for these services through fiscal year 1969. After July 1, 1969, Federal funds are authorized to pay for 75 percent of State costs. This program, also administered by the Community Services Administration will bring increased attention to the special needs of the estimated 133,000 AFDC children who are mentally retarded and to the family conditions in which mental retardation is often rooted.

Following are examples of developments related to the extension and improvement of family and child welfare services to mentally retarded children and their families:

A mental retardation specialist, during the three years since he was first employed by a State public welfare agency, has contributed substantially to the development of services and facilities, including specialized foster family care, from which retarded children and their families benefit. In addition, he has been instrumental in improving coordination among the State's programs for the retarded.

A State on the basis of its experience in providing the range of child welfare services through a special unit for the retarded in one locality, is not extending increased child welfare services to retarded children and their families in other areas of the State. In another State, the school of social work has a mental retardation field instruction unit located in a county public welfare department. According to the director of the county agency, this unit, which receives the support of the Community Services Administration, benefits the county in addition to providing a learning experience to the students. Increased services rendered by the students to the county's mentally retarded and their families is one benefit. The director also points out that the unit's emphasis on problems connected with mental retardation has served to "sharpen up all the (agency's) workers to give this particular problem more attention."

Several States report that with the support of a child welfare worker and assistance provided through this service in utilizing other community resources, parents often are able to keep their retarded children at home and keep their families intact. One agency through group counseling has assisted parents not only to meet the needs of their retarded children better but also to take action aimed at development of additional community programs for the retarded.

Another State public welfare agency describes its new homemaker service project as a "real success." This project provides 32 itinerant homemakers who specialize in serving families of retarded children. Through homemaker services, an over-burdened mother can be relieved of the constant and full responsibility for the day-to-day care of her retarded child. Frequently, she acquires new skills which help her in better home management and in her special problems with child care.

Another important service provided by several State public welfare agencies to assist mentally retarded children and their families is day care service. Day care services offer both constructive experiences for some retarded children and necessary help and relief for their parents. This service often may be the key factor in determining whether a child can remain with his family. In one State, the number of licensed daytime activity centers for the retarded has quadrupled, from 21 to more than 80, in about a five-year period. The State child welfare agency licenses these centers. With concern for quality in their day care programs for the retarded, some States have given special attention to the development of standards and to training of day care personnel. The value of stronger linkage between the day care center and the family is also receiving increased attention in many of these programs.

Most States provide some foster family care for retarded children. In all, it is estimated that 14,000 of the retarded children receiving public child welfare services are in foster family care.

Some children, who must be cared for outside their own homes, can profit from close interpersonal relationships and respond to the stimulation of foster family life. Short-term foster care at intervals or during periods of crisis may enable a retarded child's family to

provide adequately for him at home for the most part. For other retarded children, foster family care permits long-term benefits of family life and community living. Foster family care would be the plan of choice for many children who have been placed inappropriately in large residential facilities. In fact, some States are giving attention to the "exchange" of children between institutional and child welfare services programs to assure more appropriate services for particular children.

Family and child welfare services also may have preventive aspects in relation to mental retardation. For example, day care or foster care for children from certain deprived homes may be preventive services.

Homemaker service may be preventive in nature when brought into play with some expectant mothers who need relief from the physical demands of caring for other children. Protective services can reduce child abuse as a cause of mental retardation. Services to unmarried expectant mothers can assure utilization of proper prenatal services.

Family and child welfare workers also are in a key position with regard to early casefinding, assistance with obtaining proper diagnosis and providing continuity of planning and services consistent with the needs of the individual retarded child and his family.

In spite of the efforts and potential of family and child welfare services, which have been cited, numbers of retarded children and their families need and could profit from such services not now available. Professionally skilled staff, new programs, and extension of those in existence are needed. The continuing emphasis on community services as a means of combatting mental retardation will place increasing demands on family and child welfare agencies. The need for increasing these services of the public welfare agencies is expressly emphasized by the report of the President's Committee on Mental Retardation, MR 68, The Edge of Change.

I. Training of Personnel

Training for Child Welfare Services

States are urged to provide educational leave for the training of child welfare staff. Grant-in-aid funds may be used for this purpose. All States have structures for a staff development program, including orientation, inservice training, and educational leave. These programs contribute to the overall increase of child welfare staff which is better able to serve the mentally retarded.

The 1962 Amendments of the Social Security Act provided an avenue for augmenting the supply of trained child welfare workers by establishing grants for child welfare training projects. This program provides grants to public and other nonprofit institutions of higher learning for special projects for training personnel in the field of child welfare, including traineeships to students. Training for child welfare services to the mentally retarded and their families is included in this program.

II. Research

Two research grant programs administered by the Community Services Administration can be used for program research assisting mentally retarded children:

A. Child Welfare Research and Demonstration Grants Program

The Child Welfare Research and Demonstration Grants Program, authorized by the Social Security Amendments of 1960, provides financial support for special research or demonstration projects in child welfare which are of regional or national significance, and for special demonstrations of new methods or facilities which show promise of substantial contribution to the advancement of child welfare.

Since community support is vital to improvement of child welfare services, an important function of several projects is to develop support through interpretation and communication of the problems that many children face, ranging from shattered families to mental retardation.

Projects relating to mental retardation which have been completed include: (1) a demonstration to test the feasibility and value of foster home care for deprived mentally retarded children; (2) a demonstration, training, and service project designed to test the feasibility of training and using unskilled personnel as aides to professional personnel in caring for retarded children in the areas of homemaking and child care, physical medicine and nursing care, speech therapy, play activity, and auxiliary maternal care; (3) a study of specialized foster home care for deprived mentally retarded children; and (4) a study of existing laws and their administration applicable to children suffering from mental disorders, including their commitment, care, and guardianship.

Medical Services Administration

The Medical Services Administration (MSA) is the agency responsible for the administration of Title XIX of the Social Security Act.

The Mental Health Branch, Program Planning and Development Division, MSA, has the responsibility for the mental retardation activities in conjunction with the medical assistance program.

The mentally retarded who meet a State's eligibility requirements for the medical assistance program may receive the same benefits in terms of medical care, as any other recipient. The amount and scope of medical services depend on the individual State plan.

During the fiscal year July 1, 1968 to June 30, 1969, approximately $87,000,000 in Federal funds was claimed by 11 States through Title XIX for payment of hospital and skilled nursing services for the mentally retarded in State institutions for the retarded. Those States claiming assistance were: New York, Pennsylvania, Maryland, Georgia, Illinois, Wisconsin, Kansas, Oklahoma, Texas, Utah, and California.

Rehabilitation Services Administration

Introduction

The Rehabilitation Services Administration is responsible for a broad range of programs designed both for the provision of diagnostic, treatment, and rehabilitation services for the mentally retarded, and for the support of special facilities and activities to expand and improve national resources for serving the mentally retarded. These programs include the State-Federal vocational rehabilitation program, as well as special project grants for the expansion and innovation of vocational rehabilitation services; the improvement of State residential institutions and sheltered workshops for the mentally retarded; the planning and construction of rehabilitation facilities and sheltered workshops, the construction and staffing of specialized community facilities, and the construction of university affiliated facilities for the mentally retarded; and training for professional, supportive and technical personnel already engaged or preparing to engage in occupations in the care and rehabilitation of the mentally retarded.

These diverse activities are unified by the common goal and objective of assisting mentally retarded individuals to achieve and maintain the maximum personal, social, and economic competence of which they are capable. Underlying these activities is the continuing concern for expanding the opportunities and resources available to the more severely mentally retarded.

I. Basic and Supportive Services

A. Vocational Rehabilitation Services

Under the public rehabilitation program, grants are made to State vocational rehabilitation agencies to assist them in providing rehabilitation services to mentally and physically disabled individuals who have substantial employment handicaps and who can reasonably be expected to be rehabilitated into gainful employment. Among the services provided by State vocational rehabilitation agencies are comprehensive medical, psychosocial and vocational evaluation; physical restoration; counseling; personel adjustment; pre-vocational and vocational training; maintenance and transportation during the rehabilitation process; placement in suitable employment; services to families of handicapped people when such services contribute substantially to the rehabilitation of the handicapped client; recruitment and training services to provide new careers for handicapped people in the field of rehabilitation and other public service areas; and follow-up services to assist handicapped individuals to maintain their employment.

Recent years have seen dramatic advances in the provision of vocational rehabilitation services to the mentally retarded. The retarded now comprise nearly 13% of the rehabilitated from all categories of disability by the State-Federal program of vocational rehabilitation. In 1968, about 21,800 retardates were rehabilitated; this figure rose to nearly 30,000 in 1969; and the estimate for 1970 is 36,700.

There are many ways in which State vocational rehabilitation agencies have been organizing and developing their services for the mentally retarded. Basic to the vocational rehabilitation effort has been the growing reliance on counselors and other vocational rehabilitation staff who work only with retarded clients. This specialized staff may be assigned to local vocational rehabilitation offices, schools, institutions, sheltered workshops, or other facilities serving the mentally retarded. By concentrating their attention on the mentally retarded clients, these counselors are successfully developing rehabilitation plans based on the special problems of the retarded and are able to be broadly responsive to the needs of both the client and his family. As special vocational rehabilitation programs and facilities for the retarded continue to be developed and expanded, the number of specialized counselors within State vocational rehabilitation agencies continue to increase.

The specialized vocational rehabilitation staff working with the mentally retarded has been particularly effective in the development of cooperative vocational rehabilitation-school programs designed to assist the retarded young person to make a satisfying transition from school to work. These cooperative school programs are found in many communities throughout the country and have greatly strengthened both special education and vocational rehabilitation efforts with the mentally retarded. The cooperative program structure varies from State to State, and the variety of approaches is extraordinary. In some States, program administration is Statewide and in others there are individual agreements with individual school districts. Some programs function only to serve the mentally retarded and others include youth with all kinds of disabilities. In some States, only vocational rehabilitation and special education are administratively involved, while in others representation includes vocational education.

Most cooperative arrangements have brought about the development of vocationally oriented curricula within the schools. All of them, however, provide for a comprehensive evaluation of the retarded young person's vocational rehabilitation potential; the provision of personal adjustment and pre-vocational training; counseling; on-the-job training and work experience; job placement, follow-up and related vocational rehabilitation case services.

The number of retarded young people enrolled in cooperative vocational rehabilitation work-study programs is increasing steadily as new programs are developed. These cooperative programs have proven themselves effective in reducing the school dropout rate of retarded youngsters and have provided a technique for continuous service to youngsters during the school years when they are best able to benefit from them.

Another emphasis of State vocational rehabilitation agencies has been the establishment of rehabilitation facilities, such as comprehensive rehabilitation centers, evaluation centers, occupational training centers, workshops, half-way houses, and other specialized facilities serving the mentally retarded. Such rehabilitation facilities may be established by State rehabilitation agencies, by the State agency in cooperation with other public agencies, or by other public or private agencies.

State vocational rehabilitation agencies may assist in the construction of rehabilitation facilities in a variety of ways. They may construct new buildings; alter, expand or renovate existing buildings; purchase necessary equipment; and provide initial staffing support for a period of 4 years and 3 months. In some cases, State agencies provide direct grants to the facilities from State appropriated funds. In other cases, local facilities and workshops are supported by means of private contributions which may be used for Federal matching.

The rehabilitation of the mentally retarded is a major concern of the State agencies and this concern is evidenced both in programs directed specifically at serving the retarded and in programs in which the retarded are served in addition to other special groups of individuals. Projects for groups, such as Selective Service rejectees, welfare clients, public offenders and the economically disadvantaged have demonstrated a high incidence of mental retardation and have resulted in considerable service to the mentally retarded. By participating in multi-service centers, concerted services projects, pilot neighborhood activities and similar efforts, State rehabilitation agencies are extending their services in order to reach and rehabilitate greater numbers of retarded persons living in both rural and urban poverty.

Several special programs have been initiated over the past few years to develop job opportunities for the retarded. One of these, the program for Federal employment of the mentally retarded has been eminently successful, with more than 6,100 placements in 100 different job titles at Federal installations across the country. The retention rate for these retardates has been far superior to that of other employees in similar positions; and the program has recently been written into the permanent personnel policy of the U. S. Civil Service Commission. All retarded applicants for Federal employment are certified as job-ready by the appropriate State rehabilitation agency.

Special project grants for the innovation and expansion of vocational rehabilitation services have also been utilized to extend and improve State rehabilitation agency efforts for the mentally retarded. Innovation grants provide the means for State agencies to develop new programs and techniques in order to adapt to changing needs, while expansion grants are designed specifically to increase the number of people rehabilitated by the State agency.

Under the Innovation Grant Program, a new project is providing prevocational training for the mentally retarded at the Roswell (New Mexico) Vocational Evaluation and Adjustment Center. A rehabilitation facility is being developed at the Boulder River School and Hospital, Montana, under an Innovation grant; this is serving both residential and non-residential retardates in the region. Other Innovation grants have supported the development of an evaluation unit for the visually handicapped retardate at a State institution in Pennsylvania, and the establishment of a vocational center at the Idaho State School and Hospital for the Mentally Retarded.

An Expansion grant is supporting the cooperative development of a rehabilitation program by the New Orleans Association for Retarded Children and the Dr. Russell L. Holman Vocational Center for Retarded Girls. Another grant of this kind is being utilized in the State of Washington to underwrite expansion of a Yakima workshop into a box factory to provide employment for mentally retarded persons. The Expansion grant program has also supported the growth of sheltered workshops for the retarded in Alaska, Indiana, Louisiana, Massachusetts, Nebraska, Oregon and Pennsylvania.

Within an extensive program of rehabilitation facility improvement, the Rehabilitation Services Administration administers Workshop Improvement grants designed to upgrade the services of sheltered workshops and other facilities by supporting such activities as the employment of additional staff, technical consultation, staff development, and the purchase of rental or equipment.

During fiscal year 1969, 182 Workshop Improvement Grants totaling $4,068,000 were awarded to sheltered workshops, many of which were affiliated with local associations for retarded children. Workshop Improvement Grants were also awarded to residential institutions for the mentally retarded to improve their sheltered workshop programs.

Other rehabilitation facility improvement activities are: (1) a program of technical assistance consultation by means of which contracts may be made with State vocational rehabilitation agencies or with other expert consultants to provide workshops and other facilities with special consultation services; and (2) projects to share in the cost of providing training services for handicapped individuals in public or other non-profit workshops and rehabilitation facilities. Federal financial participation in the Training Services grant program may assist in the cost of such services as training in occupational skills, work evaluation, work testing, provision of occupational tools and equipment necessary for training purposes and job tryouts.

During fiscal year 1969, Training Services Grants totaling $5,730,000 were awarded to 36 workshops serving the mentally retarded as well as other disabled persons.

B. Social Services for the Aged and Handicapped

The Community Services Administration is responsible for the promotion and maintenance of standards for social services provided by State and local public welfare agencies on behalf of aged and disabled public assistance recipients. Such services are directed toward strengthening individual and family life and helping needy individuals attain the maximum economic and personal independence of which they are capable. Among the disabled clients within the Aid to the Permanently and Totally Disabled Categories is an estimated 127,000 mentally retarded adults. No reliable information is available to estimate this for Old Age Assistance and Aid to the Blind.

While there are many special problems and conditions which are of concern to the public assistance programs, mental retardation has

particular significance as a frequent cause of economic dependency. Many of these retarded persons cannot live in the community unless special protective services are provided in their behalf. These social services are particularly essential when family members through incapacity or death can no longer provide a protective environment.

Homemaker services, group work services, foster family care, group and volunteer services, and use of additional specialists, such as teachers, psychologists, and counselors, can make special contributions towards meeting the needs of the mentally retarded. Public welfare agencies are responsible for participating with the total community in developing diagnostic treatment, training and employment services, for the mentally retarded, and for developing basic social services to support, encourage, and sustain the mentally retarded in areas of family and social functioning.

The various State public welfare agencies may elect to provide as a minimum the following services: (a) those providing protection for the individual; (b) those which help the client remain in or return to the community; and (c) those services appropriate for self-support. Other services -- to persons with potentials for self-care, to those estranged from family, and to those who are former and potential public assistance applicants and recipients -- may be provided in addition. Special programs providing homemakers, volunteers and groups services may also be furnished in addition to the minimum services. When the States elect to provide these services, Federal matching in the amount of 75 percent is available to meet such costs. About two-thirds of the States have elected to provide at least the minimum services and a further expansion of social service is being encouraged.

C. Mental Retardation Hospital Improvement

The Mental Retardation Hospital Improvement Grant Program is designed to assist State institutions for the mentally retarded to improve their care, treatment, and rehabilitation service. The program is specifically focused on the demonstration of improved methods of service and care, as opposed to research exploration or the development of new knowledge.

Only State residential institutions for the mentally retarded are eligible to apply for these grants. These State institutions are defined as those residential facilities under the administrative direction of State agencies responsible for such institutions. The maximum amount of support, including direct and indirect costs, that an institution can receive under this program for any one budget period (usually 12 months) is one hundred thousand dollars ($100,000). Individual projects are normally approved for no more than a five-year period. Projects are planned in response to high priority needs in relation to the overall institution plan and are directed toward the ultimate improvement of resident care throughout the institution.

An analysis of the current Hospital Improvement projects shows that a majority of the projects is focused on specialized services for residents who will require long-term care and treatment. A number of these projects involve retardates functioning at the severe and profound levels of retardation; some involve multiple handicapped residents; and a few are concerned with aged residents. Demonstration projects for these more severely retarded and dependent residents are emphasizing personal development by means of self-care training, socialization experiences, intensive medical diagnosis and treatment, and opportunity for improved speech.

A number of projects have focused on special program areas, such as prevocational training for adolescents, and programs of treatment, training, and social habilitation. Other projects provide a diversified range of improved services, such as placement preparation, speech therapy, medical-physical diagnosis and treatment, recreation services, social-vocational habilitation, diagnostic study with improved records and program planning and use of the unit system, all of which enhance the development of an institution-community continuum of services.

The Mental Retardation Hospital Improvement project grant program was initiated in 1964 as an extension of the Mental Health project grant program. In fiscal year 1969, 97 projects in 91 State institutions for the mentally retarded had received awards. There are 181 eligible institutions at this time. This means that approximately 50 percent of the rapidly increasing number of eligible institutions are included in the program.

Major emphasis in this program during the next year will continue to be placed both on the extension of coverage to those institutions not yet involved in the program and on the development of long-term collaborative efforts by the staffs of the institutions receiving grants, their State mental retardation agencies, and the Rehabilitation Services Administration. Such collaboration is being developed so that project experience in solving problems of institutional care of the mentally retarded may be assessed and shared to ensure that improved methods and techniques can be widely disseminated.

The coordination of institutional programs with community service programs and Statewide comprehensive planning activities remains an important objective of the Mental Retardation Hospital Improvement Program.

D. Community Services

Although Community Service projects are administered in the Office of Community Health Service of the Health Services and Mental Health Administration, Public Health Service, the Division of Mental Retardation within the Rehabilitation Services Administration actively stimulates such projects and encourages their submission for competitive evaluation and support.

High priority is given project proposals directed to programs to individuals with moderate to profound intellectual impairment through

special health services which could not usually be available through programs presently serving the general population. Grants are available through programs presently serving the general population. Grants are available for projects devoted to: (1) new or expanding existing programs to serve the mentally retarded and their families; (2) proposals designed to reflect multiple agency funding when possible; (3) proposals involving the utilization of disadvantaged persons in the program when appropriate; and (4) those involving such activities as community-wide planning, coordination and/or citizen participation as well as the provision of special health-related services such as homemaker services, special therapeutic recreation, or information and referral services.

The first area of priority is being given to projects in target cities, which provide unmet services to the retarded in model cities, ghettos, neighborhood health centers, family planning or coordinated health programs.

II. Training of Personnel

A. Training Grant Programs

The Rehabilitation Services Administration supports a variety of training grant programs designed to increase both the supply and competence of professional and subprofessional personnel qualified to provide rehabilitative, health and other services to the mentally retarded. Included within the training activity are: (1) grants to educational institutions to employ faculty or otherwise expand or improve their instructional resources (teaching grants); (2) grants to educational institutions for traineeships (stipends) to students; (3) grants to State residential institutions for the mentally retarded and State vocational rehabilitation agencies for in-service staff training; (4) contracts with educational institutions and other agencies to support short-term training programs; and (5) grants to public and private nonprofit agencies and organizations for a program of student work experience and training in mental retardation.

Under the Vocational Rehabilitation Act during fiscal year 1969, there were 38 long-term teaching grants supported at 32 different institutions or organizations, including 30 universities. There were also 7 short-term training grants during this same period. The long-term grants supported the professional education of specialists in social work, speech pathology, and audiology, rehabilitation counseling and physical therapy with 289 traineeships awarded in these areas including 4 traineeships awarded by the Research and Training Center at the University of Oregon and 10 by the Research and Training Center at the University of Wisconsin. Short-term courses were largely conducted by three RSA-supported centers for short-term training in mental retardation--University of North Carolina, Columbia University and California State College at Los Angeles. These courses reached 874 students during 1969. The total amount obligated by RSA in fiscal year 1969 for support of training of rehabilitation personnel in mental retardation was 1,734,546. It is estimated that the 1970 total will be about the same.

Rehabilitation Services Administration activities in fiscal year 1970 in the field of professional preparation include:

--Maintaining level of students in graduate training programs in psychology, social work, rehabilitation counseling, physical therapy, speech pathology and audiology receiving specialized training in the rehabilitation of the mentally retarded through supervised field work in mental retardation settings;

--Improvement in curriculum content and teaching methods in training projects through support of field teachers, the development of case material and other teaching aides,the encouragement of research in the rehabilitation of the mentally retarded, and training courses dealing with the scope, nature and place of content on mental retardation in the curriculum. The teaching films produced by Parsons State Hospital, for example, were completed in fiscal year 1969 and are now ready for distribution and use by rehabilitation personnel.

--Upgrading of personnel now serving the mentally retarded through short-term training courses of great variety in length, subject matter, intensity, depth and frequency. Included will be professional personnel in all relevant fields, sheltered workshop executives, floor supervisors and others in positions with management responsibilities.

--Encouragement of a comprehensive, interdisciplinary approach to providing care and rehabilitation of the mentally retarded through training courses focused on interdisciplinary program planning and operation of rehabilitation services;

--Stimulation of training programs for assistant or aide positions in such fields as physical therapy, occupational therapy, social work and of educational objectives, curriculum development and preparation of teaching materials;

--Support of training programs for volunteers in rehabilitation of the mentally retarded, not only for assistance to professional personnel engaged in services to individuals or groups, but also for lay leadership in community planning and program development;

--Development of training programs to prepare executives and other management personnel in rehabilitation facility administration, including workshops offering sheltered employment, vocational evaluation or occupational adjustment services;

--Extension and development of training in rehabilitative medicine to include orientation to mental retardation at the undergraduate level and at the residency level in physical medicine and rehabilitation.

Based upon continuation of 1969 projects, 1970 grants made by the RSA will include:

B. Multi-Disciplinary Programs

California State College at Los Angeles;
Columbia University, Teachers College
Devereux Foundation
University of North Carolina

In addition, the SRS-supported Research and Training Centers (Mental Retardation) receive RSA training funds for support of stipends for graduate students. They are the Universities of Oregon, Texas and Wisconsin.

C. Field Instruction Units

1. Rehabilitation Counseling

University of Florida
Michigan State University
University of Oregon
State University of New York at Buffalo
Southern Illinois University
West Virginia University
University of Wisconsin, Madison

2. Social Work

Boston College
University of California (Berkeley)
University of California (Los Angeles)
University of Connecticut
University of Denver
Louisiana State University
University of Louisville
University of Michigan
New York University
University of Puerto Rico
Rutgers -- The State University
San Diego State College
Syracuse University
University of Texas
Tulane University
University of Utah
University of Washington
University of Wisconsin (Madison)
University of Wisconsin (Milwaukee)

3. Speech Pathology and Audiology

Michigan State University

4. Physical Therapy

University of Oklahoma

5. Occupational Therapy

Parsons State Hospital

Short-term training in mental retardation is being conducted by the three RSA training centers and the Research and Training Centers.

The long-term multidisciplinary training programs at the University of Wisconsin, the University of Oregon and the University of Texas are now operating within Social and Rehabilitation Service Research and Training Centers. Long-term traineeships at these Centers are supported by Rehabilitation Services Administration funds and 14 such traineeships were awarded by the Research and Training Centers in fiscal year 1969. Although the underlying content and intent of the multidisciplinary courses supported under the Vocational Rehabilitation Act are geared to vocational rehabilitation, the programs will serve many other professional disciplines either in their own professional grouping or in courses serving several professional disciplines.

D. Hospital Inservice Training

The Hospital Inservice Training grants have been designed to provide a means for increasing the effectiveness of employees in state residential institutions for the mentally retarded.

Eight-six of the 181 eligible State residential facilities are receiving a total of $1,882,000 through the Hospital Inservice Training program and are translating the rapidly expanding body of knowledge about practices in the care of the mentally retarded into more effective services.

Hospital inservice training has been broadly defined to include: pre-service training, job-related training, inservice training, continuing education, special training and technical training needed to introduce new methods, and training of personnel which will result in an improved quality of care for the mentally retarded residing in institutions.

Because personnel such as attendants, houseparents, aides, and others in similar personnel categories comprise the major portion of those rendering direct care to institutionalized retardates, the first major area of grant support was extended to these personnel. Grant support is available for inservice training of all professional, sub-professional, and technical personnel who have direct responsibilities for resident care and training.

Every State residential facility for the mentally retarded is eligible to participate in this program. The maximum grant to a single institution may not exceed $25,000 in any one year. These grants can be made for a period of up to five years and are renewable.

There are four general types of training supported by inservice training grants to institutions for the mentally retarded: (a) initial on-the-job training for employees; (b) refresher, continuation, and other special job-related training courses; (c) continuation training for technical and professional staff to keep them informed of new developments in their fields which can be translated into more effective patient service; and (d) special instructor training for staff with inservice training responsibilities aimed at providing a cadre of personnel to continue and extend the institutional training program.

The content of the training programs includes general instruction in the areas of mental retardation; child growth and development; nursing care skills; patient-staff relations; human behavior; intra-staff relations; supervisory skills; communications skills; and adjunctive therapy skills.

Consultation is given to the institutions which have received grants to assist them in making the best use of training opportunities. Technical information and professional consultation is being provided to the remaining State institutions for the mentally retarded in order to enable them to qualify for similar grants.

E. Project Grants for Rehabilitation of the Mentally Retarded

The program of Project Grants for Rehabilitation of the Mentally Retarded is administered by the Division of Mental Retardation, Rehabilitation Services Administration, of the Social and Rehabilitation Service. Any questions or requests for clarification should be directed to the appropriate DHEW Regional Office.

The purpose of project grants administered by the Division of Mental Retardation under the provisions of Section 4(a)(1) of the Vocational Rehabilitation Act, as amended by the Vocational Rehabilitation Amendments of 1968, is to pay part of the cost of organized, identifiable activities which are undertaken to contribute to the rehabilitation of mentally retarded individuals generally not eligible for vocational rehabilitation services. Grants provide for expansion or establishment of programs serving the mentally retarded, application of new techniques for rendering services, coordination of resources and information, and for increasing the number and types of specialized personnel working with the retarded.

The activities undertaken should stimulate the development, and encourage the utilization of community facilities and services for the mentally retarded such as:

(a) Establishment of special services for the diagnosis, treatment, training, or care of the mentally retarded;

(b) Demonstration projects in the rehabilitation of the mentally retarded; or

(c) Training, including inservice training and education of personnel in all fields or disciplines which contribute to the rehabilitation of the mentally retarded, through the provision of training, teaching, or traineeship grants.

Projects may include, but are not limited to, activities such as the following:

(1) Utilization of newly developed techniques and methods that have been found to be effective in the rehabilitation of the mentally retarded.

(2) The extension of mental retardation programs and activities to areas of urban or rural poverty.

(3) The initiation or expansion of programs for mentally retarded individuals with special problems such as multi-handicapped

adolescents or mentally retarded adults who might not be eligible for vocational rehabilitation services or mentally retarded children who cannot profit from available educational or vocational rehabilitation programs.

(4) The initiation, expansion,and extension of present rehabilitation services in order to serve additional numbers of mentally retarded persons.

(5) Special training of personnel in disciplines or occupations contributing to the rehabilitation of the mentally retarded.

(6) Student Work Experience and Training (SWEAT) to provide a guided work experience program to help young people learn about career opportunities in mental retardation while serving the retarded.

Applications for Project Grants for Rehabilitation of the Mentally Retarded may be made by States and public or other nonprofit organizations, agencies, and institutions, including universities and other educational institutions. However, no Federal financial assistance may be furnished under this program for activities for which payment is made under another Federal authority.

III. Construction

A. Community Facilities for the Mentally Retarded

The community facilities construction program authorized under Title I, Part C of the "Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963" (P.L. 88-164) provides Federal grants to States to assist in the construction of specially designed public or other nonprofit facilities for the diagnosis, treatment, education, training, or custodial care of the mentally retarded, including sheltered workshops which are part of a facility providing comprehensive services. The program is administered at the State level by an officially designated State agency. Participation in the program requires the development of a State plan for the construction of community facilities for the mentally retarded based on an inventory of needed additional services and facilities. Construction projects are approved in accordance with the provisions of the State plan.

As of November 1969, 297 projects have been approved. Eighty-eight facilities are completed and in operation, and 88 additional facilities are under construction. These facilities will provide care and treatment for approximately 30,000 additional retarded persons not now being served. The estimated total cost of these projects is over 158 million with an estimated Federal share of over $61 million.

The program is having a widespread impact on community efforts to meet the needs of the retarded. Public and voluntary agencies are demonstrating increased interest in participating in the construction program, and community leaders and professional personnel are combining efforts to stimulate sponsorship of needed facilities.

Accomplishments to date, however, have only slightly touched on the need for additional services and facilities. State plans indicate that services should be provided for about one million additional retarded individuals.

Special consideration is to be given in programming and allocation of grant funds to urban and rural poverty areas. It is estimated that approximately 60 new projects will be funded, utilizing approximately $8 million available for the construction of community facilities in fiscal 1970.

B. Construction of Rehabilitation Facilities

The Vocational Rehabilitation Amendments of 1965 (P.L. 89-333) authorized a program for the construction of rehabilitation facilities and workshops; the construction of rehabilitation facilities and sheltered workshops; and initial staffing support for newly constructed rehabilitation facilities and workshops. Special provisions are made to permit the inclusion of residential facilities within projects for the construction of workshops for the mentally retarded.

State Planning grants for workshops and rehabilitation facilities encompass: (1) the development of State Workshop and Rehabilitation Facilities Plan; and (2) construction, utilization, development, and improvement of workshops and rehabilitation facilities.

Project Development grants pay part of the cost of organized, identifiable activities necessary for the planning and development of specific local construction projects for rehabilitation facilities or workshops. These projects are oriented particularly towards assisting local citizens groups with limited financial resources to engage consultants and secure other types of help to develop a sound project proposal.

During fiscal year 1969, 59 Project Development Grants, having a national average of $3,000, were made to applicants planning a specific construction project providing services to the mentally retarded and other disabled persons.

Construction grants assist in the costs of the new construction of rehabilitation facilities and workshops; the acquisition, expansion and alteration of existing facility and workshop buildings; initial equipment for the completed projects.

Thirty-one construction grants totaling about $2,330,000 were awarded during fiscal year 1969. These projects were for the construction of workshops, and comprehensive rehabilitation centers. Most of these projects are multidisability in nature and serve the mentally retarded as well as other disability groups. Workshops serving the retarded were constructed in West Columbia, South Carolina, Montpelier, Vt., and Wausau, Wisconsin.

C. University-Affiliated Facilities for the Mentally Retarded

The University-Affiliated Facilities for the Mentally Retarded program assists universities or affiliated facilities for the mentally retarded in the construction of special clinical facilities capable of demonstrating exemplary care, treatment, education and habilitation of the mentally retarded. In University-Affiliated Clinical facilities comprehensive services are provided; specialized personnel are trained; or new techniques of specialized service are demonstrated.

The primary purpose of this program is to provide facilities for the clinical training of physicians and other professional and technical personnel in the field of mental retardation. Among the professional disciplines represented in these facilities are medical personnel, dentists, nurses, speech and hearing therapists, nutritionists, physical therapists, occupational therapists, rehabilitation specialists, special educators, psychologists, social workers, recreational specialists and chaplains. Each facility is encouraged to conduct a comprehensive multidisciplinary training program so that each discipline involved in the care and rehabilitation of the mentally retarded may be fully familiar with the contributions of the other disciplines.

The Mental Retardation Amendments of 1967 (P.L. 90-170) extended the university-affiliated construction program until June 1970. The present law was also amended to provide grants for the construction of university-affiliated facilities which include programs for persons with other neurological handicapping conditions related to mental retardation and for research incidental or related to activities conducted within the facility.

Because of the complexity of the university-affiliated program, individual planning grants are available. Such individual grants may not exceed $25,000 nor more than 75 percent of the planning costs.

Approved projects for the construction of university-affiliated facilities for the mentally retarded are: Children's Rehabilitation Institute, Reisterstown, Maryland; University of Colorado, Denver, Colorado; Walter E. Fernald State School, Waltham, Massachusetts; Children's Hospital Medical Center, Boston, Massachusetts; Georgetown University, Washington, D. C.; University of California Neuropsychiatric Institute, Los Angeles, California; University of Alabama Medical Center, Birmingham and Tuscaloosa, Alabama; Indiana University Medical Center, Indianapolis and Bloomington, Indiana; University of North Carolina, Chapel Hill, North Carolina; University of Tennessee, Memphis, Tennessee; New York Medical College, New York, New York; Georgia Department of Public Health, Atlanta, and Athens, Georgia; University of Oregon, Portland, Oregon, and Eugene, Oregon; University of Miami, Miami, Florida; Utah State University, Logan, Utah; The University of Kansas, Lawrence, Kansas City and Parsons, Kansas; University of Wisconsin, Madison, Wisconsin; and Ohio State University, Columbus, Ohio.

IV. Initial Staffing of Community Facilities for the Mentally Retarded

The Mental Retardation Amendments of 1967 (P.L. 90-170) added a new program to stimulate and aid local communities in responding to the unmet needs of the retarded by providing grants to pay for the initial cost of professional and technical personnel in the operation of new facilities or for new services in existing facilities for the mentally retarded. Over eight million dollars was appropriated in 1969 fiscal year to implement the program. Of this amount, approximately 50 percent was used to support 95 projects serving residents of model cities.

Grants were approved for a total of 237 individual projects sponsored by local nonprofit community organizations or public agencies to benefit over 60,000 retardates.

Grants are made on a declining basis for 51 months. During the first 15 months, the grant may not exceed 75 percent of the cost; 60 percent for the next year; 45 percent for the third year; and 30 percent for the last 12 months.

For fiscal year 1970, approximately $12 million will be available for new projects and to continue grants previously approved.

Funding of new projects terminated in the Spring of 1968; however, some projects were extended through December 1968. Indications are that in a majority of the States these planning and implementation activities are continuing and will continue under State sponsorship on a permanent basis, thus providing conformity and assuring coordinated services to the mentally retarded. Consultation from the Federal level will also continue, including analysis of data coming out of the planning and implementation projects.

V. Mental Retardation Information

A. Collection and Dissemination of Information

Since September 1968, the special mental retardation review, abstracting and information activity has been operated as part of the Division of Mental Retardation/RSA, Social and Rehabilitation Service. In previous years, this service was a part of the National Clearinghouse for Mental Health Information. Because knowledge about mental retardation comes from many scientific disciplines and professions, this service will improve both research and practice and thus have a decided effect on the prevention and treatment of mental retardation.

To maintain this service, the Social and Rehabilitation Service under contract with the American Association on Mental Deficiency, collects current literature on mental retardation, writes informative abstracts, indexes the literature in depth and compiles annotated bibliographies on special topics.

Special annotated bibliographies have been prepared on: (1) Programmed Instruction with the Retarded; (2) Literature for Parents; (3) Application on the Stanford-Binet and Wechsler Intelligence Scales with the

Mentally Retarded; (4) Nursing and Mental Retardation; (5) Family Care and Adoption of Retarded Children; (6) Psychotherapy with the Mentally Retarded; (7) Recreation for the Retarded; (8) Counseling Parents of the Mentally Retarded; (9) Sheltered Workshops for the Mentally Retarded; (10) Films on Mental Retardation; (11) Psychopharmacological Therapy with the Mentally Retarded; (12) Electroencephalographic Studies Relating to Mental Retardation; (13) Hydrocephalus; (14) Mental Retardation and Religion; (15) A Selected List of Teaching Materials Regarding Mental Retardation for Faculty of Schools of Social Work; (16) Architectural Planning for the Mentally Retarded to Remove Barriers and Facilitate Programming; (17) Inservice Training in Institutions for the Mentally Retarded; (18) Behavior Modification of the Mentally Retarded; (19) Dental Care for the Mentally Retarded.

Review articles and critiques have been prepared on: (1) Mental Retardation: Definition, Classification, and Prevalence; (2) Research on Linquistic Problems of the Mentally Retarded; (3) Attendant Personnel: Their Selection, Training, and Role; (4) Research on Personality Disorders and Characteristics of the Mentally Retarded; (5) Effects of Severely Mentally Retarded Children on Family Relationships; (6) Factor Analysis and Structure of Intellect applied to Mental Retardation; (7) Counseling Parents of the Mentally Retarded; (8) Genetic Aspects of Mental Retardation; (9) Instrumental Learning in Mental Retardates; (10) Vocational Rehabilitation of the Mentally Retarded: The Sheltered Workshop; (11) Relationships between Educational Programs for the Mentally Retarded and the Culturally Deprived; (12) A Decade of Research on the Education of the Mentally Retarded; (13) Application of Operant Conditioning Techniques to Institutionalized Severely and Profoundly Retarded Children; (14) Adaptive Behavior: A New Dimension in the Classification of the Mentally Retarded.

The abstracts and annotated bibliographies appear in the quarterly journal Mental Retardation Abstracts, which is distributed gratis to approximately 8,500 individuals engaged in research and practice in mental retardation and is for sale by the Superintendent of Documents.

B. Mental Retardation Institutional Reporting Program

The Division of Mental Retardation has the responsibility for conducting a nationwide survey to determine the number of public mental retardation institutions, the extent of their utilization, and the characteristics of the persons served in these facilities.

Data are published annually in two portions; the first provides administrative information relating to resident patient movement, number of personnel and maintenance expenditures, while the second portion depicts the admissions and residents in terms of age, sex, medical classification and level of retardation.

C. Films and Publications

The Rehabilitation Services Administration continues to distribute a documentary film, "Handle with Care," stressing the value of a fixed community point of referral upon which the families of the mentally

retarded can depend for continuing lifetime guidance and assistance in obtaining appropriate services. The film has been placed in State health departments and medical school film libraries for wider distribution.

A second film, "Teaching the Mentally Retarded--A Positive Approach," a documentary dealing with behavior shaping, was placed in circulation during 1967. It is aimed at child-care workers and attendants as well as students who are preparing to work with the mentally retarded.

A third film was produced in 1968. This film "A Way Out of the Wilderness" depicts care, treatment, and training activities in a private institution and a large State institution for the mentally retarded. The film was developed to sharpen the awareness of the general public to today's problems and promises in institutional care for the retarded.

A package of training materials for parents of retarded children and personnel in residential and day facilities for the retarded provides information on training mentally retarded children in feeding skills and toilet use. The materials which include filmstrips, records, a discussion guide and pamphlets provide helpful directions for both individual and group training in these two basic skills which are a major step toward self-care and increased independence.

All of the above are available free on a short-term loan basis from:

National Medical Audiovisual Center (Annex)
Station K
Atlanta, Georgia 30324

Numerous publications have been prepared and placed in circulation. One in particular, "A Modern Plan for Modern Services," states the basic philosophy of the Division of Mental Retardation in 6 major points. Briefly stated, these points emphasize: (1) utilization of generic community agencies in lieu of establishing specialized services; (2) provision of basic training in mental retardation for every category of service personnel; (3) definition for utilization of specialized services and agencies; (4) placement of a mental retardation specialist in every generic agency; (5) development of standards for service and training; and (6) coordination within the community.

Three other publications are worthy of note: (1) Opportunity: Help for the Mentally Retarded, provides a brief description of rehabilitation services available to the retarded, eligibility requirements and a list of the State rehabilitation agencies where further information may be acquired; (2) A Mental Retardation Film List, sponsored by the Division of Mental Retardation provides a list of films of interest to both professional and to the general public and brief descriptions of each film and the sources from which each may be borrowed, rented and/or purchased are included in the pamphlet; Atlas of Mental Retardation Syndromes, an 188 page reference textbook for physicians which presents a concise review of clinical features, pattern of inheritance, laboratory and x-ray findings, recommended therapy, and current references of 83 syndromes.

SOCIAL SECURITY ADMINISTRATION

Purpose

The basic purpose of the social security program is to provide cash benefits to replace, in part, earnings that are lost to individuals and families when earnings stop or are reduced because the worker retires, dies, or becomes disabled, and to provide health insurance protection to persons 65 and over. The program is contributory, it is self-supporting, benefits are wage-related, and entitlement to benefits is an earned right .

Historical Development

In 1935, when the original social security law was passed, the program was to have provided only retirement benefits to aged workers. In 1939, benefits for dependents and survivors were added and benefits became payable in 1940. Protection against long-term total disability--not only for disabled workers, but also for adult sons or daughters (who became disabled before age 18) of disabled, retired, or deceased workers--was provided by the 1956 amendments. In 1965, health insurance benefits for the aged were added. The 1967 amendments provided benefits for disabled widows and widowers age 50 and over. Since 1949, there have been six general benefit increases in recognition of the fact that prices and wages have gone up.

Economic Impact

Mental deficiency is a major factor in more than 65 percent of cases involving dependents or survivors who have been continuously disabled since childhood. It is the primary diagnosis in about half of all childhood disability cases. In fiscal year 1969, an estimated 162,000 mentally retarded adults disabled in childhood and 8,000 mentally retarded workers received $139 million.

The regulations contain guides as to the level of severity required in disability cases involving mental retardation. These regulations (published in 1968) have the effect of law and are available to the public and the medical community.

The number of mentally retarded children under age 18 who receive payments as dependents of retired, disabled, or deceased workers is unknown, since their benefits are payable regardless of disability.

Under social security's "Childhood Disability" provisions, lifetime monthly payments can be made to a person age 18 or over who has been disabled by mental retardation--or other impairments--since childhood. In many cases, the monthly benefits enable the retarded childhood disability beneficiary to be cared for at home instead of in an institution. Furthermore, as more and more retarded people outlive their parents, the program offers reassurance to fathers and mothers who know that financial help for their disabled child will be forthcoming even after their death. (About half of the childhood disability beneficiaries are over 35 and 25 percent of them are over 45.)

If the parents are dead, a relative who has demonstrated a continuing interest in the beneficiary's welfare, a welfare agency, or a legal guardian may be chosen as representative payee to handle the benefit funds and plan for using them in behalf of the beneficiary. A representative payee receives social security benefits in trust for the beneficiary and, as a trustee, is held accountable for the way in which he uses the benefits.

Health insurance benefits under the social security law are available to any individual, including a mentally retarded individual who is 65 or over and who meets certain necessary conditions. Therefore,a mentally retarded individual 65 years of age who has contracted an illness or suffered an injury is, like any other person in this age group, protected under the health insurance program. However, the health insurance for the aged program specifically prohibits reimbursement under the law for expenses incurred for personal care designed primarily to aid an individual in meeting the activities of daily living and which do not require the continuing attention of trained medical or paramedical personnel. Therefore, an aged mentally retarded person whose only deficiency is mental retardation requiring general institutional care, e.g., vocational training, help in the activities of daily living, and so forth would not be receiving the type of care covered under the Medicare program.

Activities and Achievements

All district offices of the Social Security Administration maintain a referral service to other programs and services of both public and private agencies and organizations. Giving information about these programs and agencies is an essential part of the Social Security Administration's service to the public. The service is provided to beneficiaries as well as to non-beneficiaries and applicants who inquire about services not provided by the old-age, survivors, disability, and health insurance program. Disabled persons applying for disability benefits under social security are promptly referred to the Rehabilitation Services Administration to the end that the maximum number may be rehabilitated into productive activity or to a level of self-care.

SSA has participated in the employment of the mentally retarded since the inception of the employment program in 1964. It has also tried, through the coordinator for employment of the handicapped, to generate interest in the program of private employers and other Federal agencies. Experience has demonstrated conclusively that the retardate can perform excellent work in basically routine positions when placement is carefully selected or the job re-engineered to the level or degree of his handicap. The ultimate goal in recruiting and hiring the mentally retarded is to assist in their rehabilitation to a productive life. In SSA, retardates are successfully performing in such positions as mail and file clerk, messenger, operators of printing, xerox, and card reader machines.

Retardates are performing so well many have been promoted to grades GS-2 and GS-3. One has qualified on a competetive examination and has been converted to a career-conditional appointment. Another was nominated by her supervisor as the "Outstanding Handicapped Employee

of the Year." The Social Security Administration is initiating a training session for first-line supervisors to bring about better understanding of the retarded employee.

As of September 30, 1969, a total of 119 retardates were on duty as follows: 36 in central headquarters offices, 43 in payment centers, and 40 in district offices.

In the area of public information, a new publication, "What Families of Persons Disabled by Birth Defects Should Know about Social Security Benefits" was developed in cooperation with the national foundation--The March of Dimes. One thousand affiliates of the national foundation will receive copies, and requests for additional copies will be channeled to SSA.

In June 1969, the Social Security Administration released a 20-minute film on mental retardation, "Where There is Hope." The film, in color in both 35 mm and 16 mm for theatrical and general showing, tells of the social security benefits available for the adult disabled child. It depicts teenagers and older people at work in a sheltered workshop in Washington, D. C., diagnosis and therapy at the John F. Kennedy Institute in Baltimore, and the trial work period of a beneficiary in Greensboro, North Carolina. A 14 1/2-minute version is being distributed as part of the "Social Security in America" series, which is shown on 220 television stations throughout the country. District offices have contacted State associations for retarded children to offer them the film.

The Social Security Administration had distributed some 200,000 copies of a pamphlet, "Social Security: What It Means for the Parents of a Mentally Retarded Child" in 1969. The leaflet, available in both English and Spanish, describes the conditions under which a mentally retarded child may be eligible for social security benefits.

The 1967 Survey of Institutionalized Adults conducted by the Social Security Administration collected basic information on the socio-economic characteristics of mentally retarded and other disabled persons aged 18 and over in institutions such as homes and schools for the mentally and physically handicapped, mental hospitals, chronic disease and other long-term hospitals. Data was obtained from institutional records and from relatives and guardians. The survey focused on types of care, cost of care, sources of payment, economic resources of the patient and his family, and his social relationships with family and friends. The handling of the institutionalized person's economic resources by administrators (including the institution) and payees was also examined. Data from this study will be available for analysis early in 1970 and published reports by the fall of 1970.

The Social Security Administration chaired an intra-departmental task force which studied and evaluated a proposal to establish a national social insurance program designed to provide help to families with mentally retarded children. In issuing its report, the Task Force concluded that there is need for much further study in this area before it would be practical to develop a social insurance program for the mentally retarded children and recommended that further study on the problems facing the mentally retarded and their families be undertaken by a research-oriented group or agency.

CONSUMER PROTECTION AND ENVIRONMENTAL HEALTH SERVICE

Introduction

The activities of the Consumer Protection and Environmental Health Service which have an impact on mental retardation are confined primarily to the Food and Drug Administration.

The Food and Drug Administration is directed by statute to develop and enforce valid criteria for the testing, identification, and proper labeling of drug products hazardous to consumers in use or misuse, and to ban from the market foods, food additives, pesticides, drugs, devices, or cosmetics considered either unsafe or misbranded.

As defined by the Federal Food, Drug, and Cosmetic Act, a new drug is one not generally recognized by qualified experts as safe and effective for the recommended use. A new drug may not be distributed in interstate commerce until the sponsor submits to us and we have approved a new drug application with adequate evidence of safety and effectiveness for the intended use.

A new drug may be distributed for investigational study by qualified experts in accordance with the requirements of the Investigational Drug Regulations. These regulations require, among other things, that before an investigational drug may be distributed interstate, some responsible individual or firm must sponsor clinical study with the drug. This is usually accomplished by the submission of a completed and signed Notice of Claimed Investigational Exemption for a New Drug accompanied by the pertinent data which the form outlines.

When the investigational drug is employed solely as a research tool, and occasionally in early clinical investigations which have therapeutic potential, an abbreviated submission which furnishes the essential information in narrative form may be acceptable.

I. Preventive Services

The Food and Drug Administration is concerned with preventing mental retardation that might follow the use or misuse of drugs or hazardous substances. The special age of concern is the reproductive age. The vulnerable periods are those specifically of embryonic, fetal, and infant life. Dosage levels considered safe in older infants may be potential causes of permanent brain damage in the prenatal or newborn age group which possess immature mechanisms of detoxification of these drugs. Infants cannot handle drugs as well as adults because of lack of development of an enzyme system.

Mental retardation can be defined to limit it to the impairment of the learning ability, or extended to include the lack of emotional response. Whether or not mental retardation is defined to include mongoloids, persons suffering from degenerative diseases such as Parkinsonism, institutionalized mental patients, or others, FDA is concerned with the use or abuse of drugs intended to prevent or treat such conditions. Much of the work in this area is so specialized that it is performed by individual investigators rather than by drug companies.

In the Bureau of Medicine, the Office of New Drugs monitors the investigational use of new drugs in early testing phases. Animal experimentation is required to prove a new drug safe and effective before that drug may be tested on human beings. Observations of adverse effects of new drugs are reported within the surveillance system of the administration.

FDA expects investigators to set up metabolic methodology on new entities, at least to attempt to develop functional toxicology and biochemical toxicology, relating experiences of one species to those of another, eventually to experiences of man.

The Food and Drug Administration also is concerned with the treatment of mental retardation. Special diets and drugs may or may not be effective. Regulatory action is taken against drugs or devices that are represented to be useful in the prevention or treatment of mental retardation but in fact have no such beneficial effect.

Surveillance by the Food and Drug Administration also covers any untoward effect of chemical entities used in foods, drugs, cosmetics, or household chemicals. These data are acquired in close liaison with many hospitals, with the American Medical Association, the World Health Organization, the pharmaceutical industry, and with other health, education, and welfare agencies. This information is catalogued, retrieved, and evaluated by means of an advanced data processing system.

SURPLUS PROPERTY PROGRAM

The Office of Surplus Property Utilization, within the Office of the Assistant Secretary for Administration, carries out the responsibilities of the Department under the Federal Property and Administrative Services Act of 1949, as amended, which make surplus Federal real and personal properties available for health and educational purposes. The properties which become available under this program are those that have been determined by the General Services Administration as no longer having any further Federal utilization.

Surplus personal properties are screened to determine those which may be needed and usable by eligible institutions throughout the country in conducting health and educational programs. Properties determined to have such need and usability are allocated by the Department of Health, Education, and Welfare for transfer to State Agencies for Surplus Property which have been established in all States. These State agencies secure the properties, warehouse them, and make the distribution to eligible donees for health and educational uses within their respective States. The only costs to the eligible donees are the handling and service charges which are assessed by the State agencies.

In the case of real properties which have been determined to be surplus to Federal needs, notices of their availability are sent to potential eligible applicants, either by the State agencies or the Regional Representatives for Surplus Property located in our nine Regional Offices. Real properties available for removal from their site for relocation are conveyed by agreement of sale with restrictions as to the use of the facilities which run for a period of 5 years. These properties are conveyed with a 95 percent public benefit allowance discount applied against the sales price. Land, or land and buildings together with other improvements, are conveyed by deed which contain restrictions as to use for a period of 30 years. These properties are conveyed with public benefit discount allowances ranging from 50 to 100 percent applied against the sales price. The only other costs to eligible transferees are "out of pocket" Federal costs, i.e., appraisals, surveys, etc.

Schools for the mentally retarded are eligible to acquire surplus real and personal property. In the case of personal property, such a school must be operated primarily to provide specialized instruction to students of limited mental capacity. It must be tax-supported or nonprofit and exempt from taxation under Section 501(c)(3) of the Internal Revenue Code of 1954. It must operate on a full-time basis with a staff of qualified instructors for the equivalent of a minimum school year prescribed for public school instruction of the mentally retarded. It must also demonstrate that the facility meets the health and safety standards of the local governmental body.

An applicant for real property must be a State, or a political subdivision or instrumentality thereof; a tax-supported educational or public health institution; or a nonprofit educational or public health institution that has been held to be exempt from taxation under Section 501(c)(3) of the Internal Revenue Code of 1954. Its proposed program of use must be fundamentally for an educational or public

health purpose; i.e., devoted to academic, vocational or professional instruction, or organized and operated to promote and protect the public health. Real property may be put to a joint use, namely, for the training of the mentally retarded as well as the physically handicapped. Conveyances have been made for hospital use where, as a part of the total program, portions of the facility are used for the treatment and training of the mentally retarded.

Available personal property may range anywhere from a nail to an electronic computer. Many items have never been used before. Real properties may consist of all types of buildings which are removable, land with or without structures and other improvements such as utility lines, sewer and water systems, etc.

Pamphlets giving more detailed information as to eligibility of organizations for both surplus real and personal property, as well as additional information in connection with the surplus property utilization program, along with a directory of the State Agencies for Surplus Property and the nine Regional Offices of the Department, may be obtained from the Office of Surplus Property Utilization, Department of Health, Education, and Welfare, Washington, D. C. 20201.

The following are examples of real properties conveyed under the program for use in aiding the mentally retarded.

The State of Missouri passed legislation authorizing the State Department of Education to establish and operate State schools for mentally retarded in any county or in a district comprised of two or more counties. One of the first of these schools was established on 4.95 acres of land and 9 buildings we conveyed for this purpose at the surplus O'Reilly General Hospital, Springfield, Missouri. The facility is a day school for a maximum enrollment of 90 children.

The Arizona Children's Colony obtained 30 acres of land at the Davis Monthan Air Force Base in July 1967 as a site for the new "Mental Retardation Center at Tucson." Plans are to construct 6 buildings initially, including 3 residential units. These buildings will provide residential care facilities for approximately 84 residents and day care facilities for 150 to 200 people in the Tucson area, many of whom were cared for far from their homes. In addition, the facilities will provide space for a preschool program for children not yet determined to be retarded, vocational training and rehabilitation therapy, consultation services, and, in cooperation with the University of Arizona, training and research. Future plans are to enlarge the Center into a facility which will have approximately 200 beds for residents and space for 300 to 400 day care persons.

The former Sunmount Veterans Hospital Reservation, Tupper Lake, New York, consisting of 111 acres of land improved with 44 buildings and installed equipment, was conveyed to the State Department of Mental Hygiene to provide a complete program of care, treatment, education, and rehabilitation of mentally retarded children and adults. The State first took over the hospital under a permit agreement in 1965,

and the majority of the staff remained to operate the new program. Nurses were assigned to the three operating State schools for orientation courses in the care of the mentally retarded. Upon their return to Tupper Lake, the first group of patients was transferred to the new facility. Since that time, this 506-bed hospital has been operated to serve mentally retarded persons of all ages, drawn from the five upstate New York counties.

The State of Florida has undertaken the establishment of a system of Sunland Training Centers throughout the State for the training of its mentally retarded children. Plans call for 10 of these Centers having capacity of approximately 1,000 resident students each. One of these Centers which serves the northwest section of the State, has been established at Marianna on 372.67 acres of land and 65 buildings, formerly the Graham Air Force Station, through our surplus property utilization program. Most of the personal property for the operation of this facility was conveyed with the real estate.

The Warren City School District, Warren, Ohio has initiated a novel program for learning incentive for slow learning pupils of intelligence quotients between 50 and 79. Through the surplus property program, the School District obtained 76.4 acres of land and 10 buildings from the Youngstown Family Housing Annex, Trumbull County, Ohio. There are farm ponds, vocational shops, and programs for conservation and horticulture. An experiment in providing summer garden plots for these pupils was significantly successful.

The State of Georgia obtained the former Veterans Administration Domiciliary in Thomasville, consisting of 207 acres of land and 131 buildings, with a bed capacity of 400 to 800, for the care and rehabilitation of the mentally ill and retarded. Another site of nearly 200 acres at the former U. S. Penitentiary Honor Farm near Atlanta has been conveyed for a Regional Mental Hospital for the rehabilitation and training of the mentally ill and retarded.

In 1966, the State of Ohio received the former Veterans Administration Hospital at Broadview Heights, near Columbus. Now known as the Broadview Center for the Mentally Retarded, in-patient service was begun in 1968. During the year, 580 persons applied for service. Of this number, 115 were admitted to the hospital unit. It is expected that the Center will have a capacity for 250 inpatients, in addition to its large out-patient load, with future expansion to 600.

Other States also have programs for the mentally retarded, using Federal surplus real property. The Department conveyed 34.39 acres of land and 47 buildings, formerly the Lufkin Air Force Base, Lufkin, Texas, to the Texas State Hospital and Special Schools for a resident unit to accommodate between 1,000 and 1,500 retarded children. Louisiana received 537 acres with modest improvements at the Belle Chasse Navy Ammunition Depot, New Orleans, as a site for a State unit serving this area for day treatment and resident training and care of the mentally retarded. The State of Kansas has renovated the Winter Veterans Administration Hospital, comprising 225 acres and 195 buildings, for the treatment and care of some 300 to 400 mentally retarded children.

Smaller areas, such as former Post Office buildings and sites and Nike sites, have been converted into schools and training centers. The former Post Office at Carlisle, Pennsylvania, is now a school, operated by the Cumberland County Association for Retarded Children; Lake County, Ohio, has converted the former Post Office at Willoughby into a school for the retarded; and portions of Nike Sites at Needham, Massachusetts, and King County, Washington, are now used in the care and training of the mentally retarded.

These are but a few examples of Federal property, both large and small, no longer required for Government use, which are continuing to serve the country in the care of its mentally retarded.

Through June 30, 1969, 5,035 acres of land and 765 buildings have been transferred to institutions for use in programs serving the mentally retarded. These properties originally cost the Government $40,580,913, and had a fair market value of $16,119,001 at time of transfer.

APPENDIX A

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Obligations for Mental Retardation Activities

Fiscal Years 1969-1971
(Thousands of Dollars)

ACTIVITY	1969	1970 (Revised Budget Estimate)	1971 Budget Estimate
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION			
Services			
Comprehensive Health Planning and Services	2,612	525	-0-
Maternal and Child Health and Welfare	12,990	12,990	12,990
Total, Services	15,602	13,515	12,990
Training			
Mental Health Research and Services	447	441	438
Comprehensive Health Planning and Services	1,592	50	-0-
Maternal and Child Health and Welfare	14,765	14,765	16,965
Total, Training	16,804	15,256	17,403
Research			
Mental Health Research and Services	600	600	-0-
St. Elizabeth's Hospital	24	-0-	-0-
National Health Statistics	6	-0-	-0-
Maternal and Child Health and Welfare	2,000	2,000	1,900
Total, Research	2,630	2,600	1,900
Construction			
Hill-Burton	352	-0-	-0-
Total, Construction	352	-0-	-0-
Other			
Mental Health Research and Services (Abstracts)	52	-0-	-0-
Total, Other	52	-0-	-0-
TOTAL, HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION	35,440	31,371	32,293

ACTIVITY	1969	1970 (Revised Budget Estimate)	1971 Budget Estimate
SOCIAL SECURITY ADMINISTRATION			
Income Maintenance			
Estimated Benefit Payments from Trust Funds	127,400	138,500	148,900
Trust Fund Obligations Incurred to Adjudicate Claims of Beneficiaries	1,800	2,000	2,100
Total, Income Maintenance	129,200	140,500	151,000
TOTAL, SOCIAL SECURITY ADMINISTRATION	129,200	140,500	151,000
NATIONAL INSTITUTES OF HEALTH			
Training			
Neurology and Stroke Activities	10,000	9,000*	8,500
Child Health and Human Development	3,066	2,754	2,709
Total, Training	13,066	11,754	11,209
Research			
Neurology and Stroke Activities	11,950	11,153	11,000
Child Health and Human Development	12,542	12,021	14,271
Total, Research	24,492	23,174	25,271
TOTAL, NATIONAL INSTITUTES OF HEALTH	37,558	34,928	36,480
SOCIAL AND REHABILITATION SERVICE			
Services			
Rehabilitation Services and Facilities			
Basic State Grants	43,817	64,262	72,338
Innovation	127	127	127
Rehabilitation Service Project	3,808	3,708	4,326
Services for the Mentally Retarded	15,448	19,725	19,990
Total, Rehabilitation Services and Facilities	63,200	87,822	96,781
Medical Assistance (Title XIX 1/)	75,000	90,000	105,000
Total,Medical Assistance	75,000	90,000	105,000
Total, Services to or for the Mentally Retarded	138,200	177,822	201,781

*Includes both mental retardation grants and grants in other programs relevant to mental retardation.

ACTIVITY	1969	1970 (Revised Budget Estimate)	1971 Budget Estimate
Training of Professional and Supportive Personnel			
Research and Training	1,532	1,396	1,396
Total, Research and Training	1,532	1,396	1,396
Rehabilitation Services and Facilities Services for the Mentally Retarded	1,882	4,187	4,800
Total, Rehabilitation Services and Facilities	1,882	4,187	4,800
Grants to States for Public Assistance - Child Welfare Training	100	100	100
Total, Public Assistance	100	100	100
Total, Training of Professional and Supportive Personnel	3,514	5,683	6,296
Research			
Research and Training			
Research and Demonstration	984	1,116	1,116
Special Rehabilitation Centers	800	855	900
Social and Rehabilitation Activities Overseas (Special Foreign Currency Program)	600	700	800
Total, Research and Training	2,384	2,671	2,816
Rehabilitation Services and Facilities - Services for the Mentally Retarded	126	113	-0-
Total, Rehabilitation Services and Facilities	126	113	-0-
Total, Research	2,510	2,784	2,816
Construction			
Rehabilitation Services and Facilities			
Facilities for the Mentally Retarded	23,869	23,405	8,000
Vocational Rehabilitation Services	846	123	121
Total, Rehabilitation Services and Facilities	24,715	23,528	8,121
Total, Construction	24,715	23,528	8,121

ACTIVITY	1969	1970 (Revised Budget Estimate)	1971 Budget Estimate
Income Maintenance			
Public Assistance 2/			
Grants to States	65,000	75,000	86,000
Total, Income Maintenance	65,000	75,000	86,000
TOTAL, SOCIAL AND REHABILITATION SERVICE	233,939	284,817	305,014
OFFICE OF EDUCATION			
Services to or for the Mentally Retarded			
Elementary and Secondary Education Activities (ESEA)			
Title I	26,300	31,300	35,600
Title III	5,218	3,653	4,905
Title VI 3/	15,555	16,000	16,500
Vocational Education Activities			
Vocational Education Act (Part B)	-0-	11,500	11,500
Early Education of the Handicapped	185	570	800
Total, Services to or for the Mentally Retarded	47,258	63,023	69,305
Training			
Educational Improvement for the Handicapped	10,000	10,000	10,500
Educational Professions Development	796	860	1,004
Total, Training	10,796	10,860	11,504
Research			
Cooperative Research Act P.L. 85-531 (as amended)	13	-0-	-0-
National Defense Education Act (Title VII)	-0-	-0-	-0-
Vocational Education Activities P.L. 88-120	-0-	-0-	-0-
Educational Improvement for the Handicapped	2,000	1,150	733
Total, Research	2,013	1,150	733

ACTIVITY	1969	1970 (Revised Budget Estimate)	1971 Budget Estimate
Other			
Libraries Services and Construction Act (Title IV)	15	15	15
University Community Services P.L. 89-329 (Title I)	75	75	-0-
Total, Other	90	90	15
TOTAL, OFFICE OF EDUCATION	60,157	75,123	81,557
OFFICE OF THE SECRETARY			
Secretary's Committee on Mental Retardation	(120)	(111)	(115)
President's Committee on Mental Retardation	580	580	626
TOTAL, OFFICE OF THE SECRETARY	580	580	626
TOTAL, SERVICES AND GRANTS	302,674	351,819	369,970
TOTAL, INCOME MAINTENANCE	194,200	215,500	237,000
GRAND TOTAL, ALL FUNDS	496,874	567,319	606,970

Footnotes

1/ These expenditures are based on present experience with six States claiming an average of approximately $5 million per State for a full year for the care of the retarded in State institutions. Fifteen States for 1969 and twenty States for 1970 are estimated in the amounts shown. There is presently no method available for estimating Title XIX payments for the care of the retarded outside of State institutions.

2/ Exact information is not available on the costs due to mentally retarded people who are receiving public assistance because data secured does not single out this one cause as a factor of disability or dependency. However, it is known that mental retardation is an important cause of disability for those receiving aid to the permanently and totally disabled under the Federal-State public assistance program. The amounts shown here are estimates based on constant percentage of total payments under this part of the program.

3/ Includes 50% of funds appropriated for Title VI ESEA; specific estimates of obligations for mental retardation activities are unobtainable.

4/ Shown as non-add items since funds derived from funds available to various agencies for mental retardation activities.

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